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ADDRESS.

*OPENING ADDRESS.**

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"Student means, to study."—*Billroth's Aphorisms.*

THESE opening ceremonies are, in a measure, the most interesting occasion in your life. It is the first step in that three years' work upon which all the pleasures of the past and aspirations of the future are crystallized. Your previous life and education have been to prepare you to undertake this task. These student years will form a romance which will grow in interest and beauty, and be unsurpassed. I am here to-day to tell you that which this faculty would express to each of you, on selecting this college as your alma mater. Each member extends to the class, personally and collectively, a hearty welcome. Each member means to consider the class, personally and collectively, as friends, above the ordinary idea of students who are to listen merely, and at a distance, but as teachers whose object is to teach, and will neglect nothing until what is taught be learnt. You are, therefore, students (and this word derives its meaning from the verb *to study*), and, except you study, therefore, you willingly exclude yourselves from among those whom we to-day hail as friends.

We take it, therefore, that you are here armed and well prepared to start; you have registered, and now aspire to belong to that noble army of human benefactors which dates back to the days of heroes and demi-gods, and whose traditions blend in the mythological romance of ancient worship. Down through the course of ages the noblest and best minds have been found within its ranks, relieving by their science bodily suffering, and spreading with plentiful hands those flowers of charity whose perfume relieves the hidden sufferings of the soul.

With this exalted view, therefore, of the profession in which you to-day enter, let me remind you of this fact: You are not about to learn a trade, but are taking the first step in the fulfillment of a vocation. Medicine is not a trade, but a vocation. This sentence ought to be written over the gate-way of every medical college, and ought to signify the unalterable condition of entrance. No man ought to go in at that portal unless he has an inward call to be a physician,—a call so real, so vital, so potent, that it makes him feel that the one thing he wants to do in the world is to be a physician. That is the difference between a vocation and a trade. A trade exists for the sake of its rewards. Therefore, a man may enter it from chance, from necessity, from an honest desire to make money out of it. That is legitimate; and, if he makes his money fairly, and uses it generously, we honor him for it.

But a vocation exists for its own sake. A man must believe in it and love it and consecrate himself to it, because it seems to him the noblest, finest, grandest, happiest work that he can do. If wealth and influence and fame come to him, well and good. But the work itself is the supreme and sovereign thing. The end of medicine is health; the master passion

* Delivered October 2, 1891, at the Medico-Chirurgical College, at the opening of the Winter Course.

of the physician must be to make men well. Therefore, I say to you, gentlemen, practice first the auscultation of your own heart.

Why are you going into medicine? Is it because you have nothing else to do? Then be sure that you will do nothing here. Is there any other pursuit that you would rather follow? Then go quickly and try to succeed in *it*, before you fail in this. You had better be a whole-hearted blacksmith than be a half-hearted doctor. Don't go into medicine if you can help it. But, if you cannot help it without giving up that which you love best; if you feel that your manhood will find its joy and crown in following the healing art wherever it leads you, in lonely studies, in long journeys by day and night through frontier wilderness, in weary climbings up and down the steep stairs of crowded tenements, in patience walking the wards of hospitals,—yes, into the very jaws of death to fight some great pestilence; if your brain clears, and your hand steadies, and your heart warms at the thought of solving the problems of disease and bringing relief to the suffering, life to the dying, then go, for you are called, and that calling is the force of your life.

To this end you must work. As my voice reaches you, I feel that some in humble consciousness almost dread the great task before them, and would limit success to those endowed with that misleading quality—genius. Some years ago I had the honor of being present at a banquet given to one of the greatest men in our profession, and a toast was drunk to his genius. In response, after a lengthy recital of the hardships of his life-work, he concluded, saying, "You see, gentlemen, that I have only had the genius of industry." Therefore, cultivate this spirit of industry, without which all natural ability counts for nought.

Illustrating this, the verdict of all who have achieved success is the following beautiful example, borrowed from Quintillian: "A field if completely sterile will render cultivation almost useless, whilst good grounds will render some fruits without cultivation; but if we suppose the ground to be both fertile and well cultivated, the toil of the husbandman will have a greater share in the abundance of the harvest than the native richness of the soil."

This industry will ennoble your mind, clothing it with that sacred garment we call education. It is more precious than bank accounts and real estate; in these days of feverish ambition to accumulate a fortune, which may be called our national distemper, when so many financial institutions are insecure, how refreshing to know that what is gathered by study is beyond the risks of fortune, ever ready to bless us with a competence, if not crowning us with an abundant remuneration. This idea of education is not a modern one; it means to illumine "the blind life within the brain" with the burning lamp of knowledge,—in other words, to lead out of the depths of obscurity. Even in the days of mythology the idea was hallowed. It is said that a stately goddess sprang into existence from her father's brain, fully grown, clad in majestic robes, protected by breast-plate and helmet, and armed with a lance. Jupiter, the most powerful of the gods, was her father; Metis, the wisest, her mother. Her name was Minerva, the goddess of learning, wisdom, and bravery. In her contest with Neptune as to who should bring forth the thing most useful to man, she carried the prize. She brought forth the olive. For a reward the greatest of Grecian cities was hers,—Athens,—where ancient greatness reached its acme. Such is education.

A mind that has received its sacred touch springs fully grown into the battles of life, armed for the fray. It inherits greatness and wisdom. In the contest of the survival of the fittest he is sure to bear the palm, for he will bring forth the olive of peace, of good-will, and of progress. His reward will be the consciousness of a life that was worth living, and the world is better off for his having lived.

Let not the thought of an absence of talent deter any of you from the strongest efforts to succeed; the most to be expected from any one is, that he should improve his opportunities. I am not here to cite examples to support this assertion; the world possesses them everywhere; but, if I were asked what next to arduous and persevering study I looked for in a student, I would say *punctuality*. This quality shows the well-organized mind, with clear-cut ideas; that realizes where one duty ends and the other begins; that molds action to purpose, purpose to duty, duty to the ever-noble object of advancing in the science to which you today consecrate yourselves. Constant hard and diligent study, together with punctuality, therefore, are what you are to strive for during the three years. Work is the only real and

lasting enjoyment. Everything which man creates decays in time, but nothing in the world goes to pieces as fast as a man in idleness. Therefore, let there be no idleness. During the moments when you have little to do, read, observe,—with some method, if you can; if not, read without method. For all knowledge broadens the intellect, invigorates and fertilizes the mind, and gives a stronger grasp upon your profession. Acquire habits of improving odd minutes, for when one does nothing he thinks less.

Now, gentlemen, the Faculty desires to impress upon you the aim it has always had,—to keep in the van of progress by meeting all the requirements of modern advanced medical instruction. Object-teaching creates the modern physician. The lecturer of to-day is no longer a theorist, but a demonstrator of what the student can see. The laboratories, the hospital, the dispensaries are here for your instruction; hence, never neglect to benefit to the fullest extent by these advantages. The wards of the Philadelphia Hospital, in which you will see and diagnose the most varied forms of disease, are a mine of golden opportunities; the knowledge you will gain at the bedside is truly your own. Observe and think; the result will be a knowledge not ephemeral, but born in the sanctuary of your own minds, will dwell there, treasured and ever in readiness, a guiding spirit in your professional lives.

Need I say anything about the moral conduct which it becomes men of your lofty aspiration to have? Need I tell you that yours should be the type of purest manhood, who are destined to discover many a skeleton in the family-closet; who will enjoy the most sacred confidence of families; who will often be looked up to as an arbitrator and common friend in your communities? It behooves you, therefore, to cultivate here those jewels of morality that adorn the blameless physician.

The Faculty deem it a great privilege to take part in fostering the development and propagation of that science whose object is to keep the rosy hues of health in every home, making life worth living. We of the medical profession are the active workers. But you, in whose hearts this sentiment should find a responsive echo (for disease has surely knocked at your doors and pierced your hearts with a wound that knows no healing),—it lies in your power to help us in attaining our end by aiding us in our efforts to give a practical and scientific education to our students. For, be it said to the credit of this college that its standard of higher medical learning compares favorably with that of any sister-institution.

Lastly, I congratulate you, gentlemen, upon the highly propitious epoch when it is your privilege to study medicine. The progress of the latter quarter century has revolutionized medicine and surgery; the revelations of the microscope, through the immortal labors of Pasteur, has revealed a world of micro-organisms about us, which, finding in our bodies conditions required for their development, produce the symptoms called disease, by the physiological disturbance incident to their growth. It is the elaboration and scientific demonstration of this fact that has given medicine the impetus by which daring surgical operations are successfully performed, and which has given birth to hygiene, the youngest and most promising of the daughters of medicine.

To those among you who have already been with us, I can only ask that you continue in the same zeal that has characterized your work in the past. To you our new and welcome class look up; and many are likely to take heart again if they find in you the evidences of progress and thoroughness.

But this development can only take its proper course through endowments for laboratories and hospital; thus the charitably disposed can become in the widest sense public benefactors. They will foster science and at the same time spread charity in health and comfort to their suffering brethren.

A great fortune involves grave duties. The law does not and cannot say how one shall use it; but the jury of the world is steadily taking testimony, and each right-minded man wants a favorable verdict. Aside from the many ways to which riches are commonly directed, the rich must contribute in liberal measure for the young, the helpless, the infirm, and the aged. Thus they do not risk their treasures to the perils of time, but, recorded in heaven, have perpetual incense wafted to their memories.

Finally, gentlemen, we would see the members of the whole school bound by a bond of brotherly friendship; we would see them take rank and study to learn, study to succeed, study to acquire vaster stores of knowledge; and while the Faculty extends to you a hand of

welcome, I read in your hearts the silent but firm resolve to be devoted to the best interests and progress of your chosen profession, and to reflect honor upon your alma mater.

ORIGINAL COMMUNICATIONS.

"THE PROTECTIVE" IN ANTISEPTIC DRESSINGS.

By D. BENJAMIN, M.D.,
Surgeon to the Cooper Hospital.

WHAT is known as the "protective" in antiseptic dressings is a piece of silk very much like the common silk court-plaster or isinglass plaster, with this difference: that it is not so stiff, and is sterilized, or, rather, supposed to be. The manner of using it is to carefully lay a strip over the line of the incision long enough to extend at least half an inch beyond each end and wide enough to extend at least a quarter of an inch beyond the sutures on each side of the wound. After all the sutures are tied and cut, this constitutes the first part of the antiseptic dressing for the wound, and upon this the antiseptic gauze is placed; then antiseptic or absorbent cotton; then the bandage. Some use a powder either on or under the protective.

To obtain the best results in antiseptic surgery the protective should never be used; it is so impervious, especially if well applied, that, instead of keeping the edges of the wound together, its tendency is to prevent the escape of the effusions and dam them up, causing pressure and separation of the edges of the wound. If the protective be left off the wound altogether, the antiseptic gauze absorbs the exuded fluids, if there be any, keeping the wound nicely drained and dry. Moreover, if there happen to be a few germs under the "protective," they readily flourish and multiply in the pent-up secretions, kindly protected by this protective from all the influences of the bichloride gauze with its many absorbent layers laden with the germicidal mercury. Do not use the protective.

Having sterilized the wound as completely as possible after your sutures are tied and cut, apply your dry antiseptic powder, then your gauze-cotton and bandage. Any "protective" placed between this dressing and the flesh, if it does anything, destroys or injures the usefulness of your other dressings.

A CASE OF TRAUMATIC PLEURISY.

By JOHN GERDINE, M.D.,
ATHENS, GA.

ON April 7, 1891, I was called to see Mrs. P., a woman who had done all her house-work until the time of her illness. She was 50 years old, naturally delicate, and the mother of ten children. The history of the case was as follows: Eleven weeks previously, while milking, the cow became frightened, backed, knocked her down and trod on her right side, breaking two ribs. She had been under the treatment of two physicians until the day before I saw her, when they gave up the case. I found her with a temperature of 99°, breathing 40, pulse feeble and 140. Every breath caused a gasp or scream. There was intense pain in the right side from about the sixth to the eighth ribs. The patient was very much emaciated, the tongue was heavily coated, she had no appetite, and vomited almost everything she swallowed. She was not able to lie down, and not strong enough to sit up, but had to be supported by pillows. The bowels were very much constipated. The woman was not able to take any stimulants, as they affected her very unpleasantly. She was constantly bathed in a profuse perspiration; her lips were blue; appearance altogether very bad. She coughed a great deal, and expectorated much blood and glairy mucus. Upon physical examination I found entire and complete dullness of the lower half of the right lung and of the lower third and front of the left lung, with very great tenderness upon pressure or percussion. I diagnosed the case to be either hydrothorax or hepatization of the lungs, but decided that an operation would be necessary to determine positively the condition. I gave her a cathartic, and put her on iodide of potassium, gr. v; Fowler's solution, gtt. ij; tr. cinch. co., ʒj; to be taken every four hours unless sleeping. I asked my friend, Dr. B., to see her with me, which he did on the 9th, corroborating my opinion. We operated on the 10th, and drew off nearly two quarts of bloody serum; kept up the treatment with tolerably severe purgation. The next day after the operation she could lie down even without one pillow, the breathing was 28, pulse 120, temperature normal, and she could eat small quantities of food without vomiting. She continued to improve each day, and two weeks from that time began cooking and attending to

her household duties. Another peculiar feature of the case, to me, was that about one week before I saw her the pulse of the right arm suddenly ceased beating, and neither Dr. B. nor myself could find it anywhere in the entire arm. About a week after the operation it beat normally, and has continued to do so. There was also considerable pain in the right shoulder for several days.

THE URIC ACID DIATHESIS.

By HORATIO R. BIGELOW, M.D.,

Permanent Member of the American Medical Association; Fellow of the British Gynæcological Society; Member of the Philadelphia Obstetrical Society; Fellow of the American Electro-Therapeutic Association; Member of the Société Francaise d'Electrothérapie of Paris, etc.

URIC ACID AND URATES.

DR. BEALE says that these are present in varying proportions in healthy urine, but in disease a large increase is very freqently observed. The proportion in health is about ½ grain in 1000 of urine, and is often less than $\frac{1}{30}$ per cent. In health not more than 5 to 8 grains of uric acid are excreted in twenty-four hours; but in some acute diseases the proportion may amount to 20 grains. Dr. Sansom has estimated the quantity of uric acid in 1000 grains of the morning urine in health and several cases of disease. The results are as follow:—

	Grains.
Health,	.250
Acute gout,	.830
Acute rheumatism,	.802
Heart disease,	.711
Erysipelas,	.679
Phosphatic urine,	.140
Chronic gout,	.120
Excessive debility,	.078

The presence of an increased quantity of uric acid in the urine shows that more of this substance or its salts is being excreted than in health. A large proportion of the uric acid, resulting from the disintegration of albuminous substances taken as food or forming constituents of the blood or tissues, combines with ammonia, soda, or lime, forming urates of these bases, which are excreted in the urine. In cases where considerable excess of nitrogenous matters are taken in the food, much of the excess passes away as uric acid. In gout, the presence of uric acid in the blood has been shown to be constant, and Dr. Garrod says: "The kidneys lose, to some extent, their power of excreting uric acid, although they eliminate urea, as in health." Uric acid exists in the blood, in combination with an alkaline or earthy urate, which is comparatively soluble. Since the investigations of Garrod, nearly all writers have coincided with him that all active gout consists "in irritation or inflammation induced by the presence of uric acid or urate of sodium in the structures affected." The necrotic process in gout, a theory advanced by Ebstein, has been vigorously combated by Pfeiffer. A. Haig, of London (see "Annual of Universal Medical Sciences;" article, Gout), writes: "We can say with absolute certainty that it was the acid in these beverages (wine, ale, or porter) that produced the arthritis, and we can produce it with acids taken in other forms. We can also show that other drugs, as lead and iron, having nothing in common with acids but their effect in the solubility of uric acid, will produce similar effects; and we can further show that when an acid is given the excretion of uric acid in the urine diminishes in relation to the urea hour by hour as the pains come on and increase; and we thus come to be certain that the pains are the result of a retention of uric acid, the joints being one of the places in which it is retained." Legrand closes a long article (*op. cit.*) with the following propositions: 1. The presence of uric acid in the blood and urine is physiological. 2. Excess of uric acid in the blood is harmless if the elimination is not obstructed. 3. In disturbing the kidneys and diminishing the eliminating force of these organs it leads to gout. 4. It is possible that iron has the same effect; by causing plethora, it will also bring on gout. Plethora diminishes the volume of the kidneys and impairs the eliminating function. Since Todd first called attention to this point, all the autopsies of gouty patients have shown the kidneys to be reduced to two-thirds, sometimes to one-half the normal size. This is the cause of the gout, not its result. 5. Treatment of gout consists in re-establishing by all possible means the renal function. Lever read an interesting paper before the Société de Biologie of Paris, in which he contended that gout was not a primary disease, and that the seat of morbid action was in the nervous centres, more particularly in the brain, the spinal cord, or the solar plexus. He freely admits the influence of the uric acid and urates as exciting causes, but refers their action primarily to the nervous centres rather than to the abdominal

viscera and articulations. Hence he places gout among the neuroses. From a consideration of my own case, which I shall recount further on, I am satisfied that uric acid in excess depends upon an improperly selected diet, since the slightest deviation from an accepted *régime* was sufficient to create an exacerbation of the symptomatic and characteristic pain, and to redden intensely and immediately the litmus-paper. I am also of the opinion that the contracted kidney also plays a most important rôle.

Treatment; Drugs; Lithia.—Gorsky, of Loesch's laboratory, in St. Petersburg, has carried out four experiments on healthy men, each lasting twenty-four days, and being divided into three periods. During the first and third periods, each of seven days' duration, the patients received no lithia, while during the second, of ten days' duration, they were taking carbonate of lithia in gradually ascending doses, from 2 to 8 grains (0.13 to 0.51 gramme) a day (with an effervescent water). The conclusions drawn from these laborious experiments may be summed up as follows: 1. Carbonate of lithia very markedly increased the nitrogenous metamorphosis. (The latter varied between 74.03 and 81.48 per cent. during the first period, between 82.3 and 88.30 during the second, and between 71.63 and 85.57 during the third). 2. It also augmented the nitrogenous assimilation (which oscillated between 88.51 and 93.21 per cent. during the first period, between 89.88 and 96.14 during the second, and between 94 98 and 97.36 during the third). 3. It markedly raised the daily amount of urea. (The average daily quantity of urea excreted varied from 36.105 to 38.263 grammes—557 to 590 grains—during the first period; from 39.368 to 44.434 grammes—607 to 675 grains—during the second; from 40.951 to 43.205 grammes—633 to 668 grains—during the third). 4. The same holds good in regard to uric acid. (The average daily amount was from 0 7125 to 0.8269 gramme—11 to 13 grains—during the first period; from 0.97 to 1.0558 grammes—15 to 16½ grains—during the second; from 3.6867 to 0 8180 grammes—55 to 12 grains—during the third). 5. The amount of urea continues to increase still further even after discontinuing the administration of the lithia salt, while that of uric acid decreases. 6. Lithia increases the daily amount of urine, the increase lasting even after discontinuing the salt. (The average was, during the first period, from 1858 to 2520 grammes—59 to 81 ounces; during the second period, from 2325 to 2622 grammes—78 to 85 ounces; during the third, from 2225 to 2665 grammes—71 to 86 ounces). 7. The specific gravity of the urine somewhat decreased, the reaction remaining acid. 8. The bodily weight markedly rises. 9. It is very probable that lithia favors the transformation of uric acid into urea, and hence, by freeing the system from the acid, promotes a more energetic cellular action (Annual for 1890). In his work on "Materia Medica," Shoemaker says: "The urate of lithium is freely soluble, and, therefore, when lithium, in combination with the vegetable acids, is administered, these salts are decomposed in the system, and the lithium combines with uric acid, renders it soluble, and thus facilitates its expulsion from the body. These salts are also diuretic, and the administration of lithium produces an increase in the urinary secretion. The carbonate of lithium promotes the assimilation and metabolism of nitrogenous material, and increases the elimination of urea." The benzoate of lithium is, as its name implies, a combination of benzoic acid and lithium. Senator claimed that benzoic acid was a specific in acute rheumatism. It decomposes in the system to form hippuric acid, and increases the flow of urine. It acts as a local antiseptic. "In anæmic conditions, or what has been called lithæmia, the benzoate of lithium has a most happy effect, carrying off the excess of uric acid and urates, and acting also as a diuretic." Ebstein recommends salicylic acid as most efficient for the early relief of the pain and fever, and in this he is sustained by many others. Aufrecht, of Magdeburg, who has had a large experience, also recommends the compounds of salicylic acid. For the early relief of acute attacks, Dr. Ebstein recommends the salicylate of lithia as the best remedy. Sir Henry Thompson writes: "Three-fifths of all the calculi met with among adults of all ages are composed of uric acid and the urates; nearly two-fifths are chiefly phosphatic, many of which are 'mixed,'—that is, contain at least two different constituents; and about 3 or 4 per cent. are oxalate of lime. Three-fifths at least, then, are the products of a urine abounding in acid, of which excess they are the

expression. Potash, the alkali of the vegetable kingdom, appears to be the most powerful solvent (although lithia may be nearly equal) that can be employed in a uric-acid calculus, among those materials which are capable of being taken for a long period of time with comparative impunity."

Hydrangea has been employed in South America for many years as a specific in calculous affections. Later its claims were indorsed by Drs. Atlee, Horsley, Butler, and others. These three drugs, all powerful for good and the best of their kind for the purposes indicated, have been combined into one harmonious whole under the name "lithiated hydrangea" by the Lambert Pharmacal Company. Reasoning up from theoretic conditions, which analysis seems to confirm, there would seem to be every season to believe that such a combination might be most admirably suited to uric-acid diatheses.

CLINICAL OBSERVATION.

The synthesis, as it were, of the foregoing, especially when such observation has been carried on in the person of the author himself, may not be contradicted. Lithiated hydrangea will do all that is claimed for it in a short time, and without deranging digestion.

Dietetics.—Although the diet prescribed by Sir Henry Thompson is quite different from the one commended by Dujardin-Beaumetz, and, although G. Mortimer Granville, Haig, Ebstein, and Pfeiffer differ from each other on the foregoing, I have found, in my own case, that a diet similar almost to the one given by Sir Henry Thompson, was the one best suited to me. Granville recommended a liberal use of meat and albuminous food. Haig, Ebstein, and Pfeiffer say that a diet largely of hydrocarbonaceous elements directly increases the amount of uric acid and decreases the excretion of urea, while the use of meat and albuminous substances generally increases the elimination of urea and diminishes the amount of uric acid in the blood and tissues. One hour before breakfast it is my habit to take 2 ounces of Hunyadi water, to which I add 4 ounces of Carlsbad water and enough hot water to make a tumblerful. If the bowels act satisfactorily the purgative water may be omitted. I eat all sorts of farinaceous food, in which neither milk nor sugar are used in the preparation. Thin soups, potatoes, fish, vegetables (except tomatoes and rhubarb), chicken, and game are also allowed. I avoid especially tea, coffee, butter, fats, sugar, sweets, pastry, bread, suet, liquors and beers, pears, apples, and plums. I drink Farmville water, but not in excess. Whether constant flushing of the system with large amounts of water is desirable or otherwise is as yet *sub judice*. It certainly does not agree with me. More work is put upon the kidneys, already incapacitated for normal labor, than they can stand. Still, there is much weighty evidence in favor of excessive water-drinking. I am in hearty accord with Sir Henry Thompson in relegating a large share of responsibility in these cases to a badly-acting liver.

THE HISTORY OF MY OWN CASE.

About five years ago I took my wife to Carlsbad, that she might have the benefit of the waters for an enlarged liver, and, consequently, faulty digestion. I had an inherited tendency to gout, but, save for sporadic and quite bearable pain in the joint of my big toe and for swelling of the joints of two fingers of my left hand, I had not been afflicted with any specially pronounced symptoms. As I look back now, I remember to have had occasional anomalous sensations at the head of the penis, in the scrotum and back, to which I gave slight attention. Ten years previous I had suffered with severe lumbar pain, but attributed it to overexertion. My urine had never been examined. While at Carlsbad, one physician, Dr. Grunkerger, advised a plan of treatment for me, as I manifested a tendency to fatty degeneration, being about five feet five in height and weighing one hundred and eighty pounds. My chest-measure was forty inches. I commenced drinking the waters, and began a very strict course of diet and a severe course of exercise, so that my weight fell in a very short time to one hundred and sixty pounds. This dietetic regimen I kept up during the rest of my sojourn in Europe,—three years. On my return to America I took a house at Wayne, where I am now living, and, after six years spent in the pensions and hotels of the Continent, I appreciated to the utmost the luxury of my own table, and indulged myself overmuch in the viands for which our country is celebrated. I revelled in sweets, ice-cream, puddings, butter, and cheese. Not long ago, as I returned from my clinic in Philadelphia, while

sitting on the porch, I was seized, without any premonition whatever, with an agonizing, sickening, undescribable pain, shooting from the kidneys down the ureters to the scrotum. With this was much nausea, faintness, and loss of power. Dr. Egbert kindly came to the rescue at once, and gave me a subcutaneous injection of morphia, which, together with a hot-water bag at my back, made me quite comfortable for the night. The next morning Dr. Egbert examined my urine, finding it highly acid. The diet I speak of was enjoined upon me, together with the regular administration of lithiated hydrangea, one teaspoonful before each meal and one upon going to bed. There was a pronounced amelioration of symptoms after the fourth day, and after thirty-six hours the urine was less acid. Under this treatment my urine has come back to normal, and I am free from pain. I have lost much weight, but feel none the worse for it. I have noticed that even a small ingestion of sugar or fat, or even of beef, will set up suspicious pains, whose significance I know too well. I am also satisfied that a necessary prerequisite to success is to avoid constipation, to avoid anything that will tend to liver disturbance. Daily bathing, with much brisk rubbing with the flesh-brush, is also praiseworthy.

A CASE OF MENINGITIS.

By Alex. W. Rogers, M.D.,
PATERSON, N. J.

A. B., a fair-haired, light-eyed boy, a little over 5 years old, had been healthy, and his parents, brothers, and sisters are of good constitution.

On the 28th of March, 1891, he was seized with chilliness, followed by some fever and pain in the head. This pain continued more or less every day for about three weeks, with some degree of fever. During the first fortnight he had several marked chills. The fever was of remittent type, but not followed by any marked perspiration. The pain in the head was very severe, and attended with frequent exacerbations, the child crying out, "Oh! my head! Oh! my head!" There was also retraction of the head, with some strabismus. Vomiting occurred occasionally during the first fortnight. The child was sometimes delirious, but was generally able to answer questions; call for drink, etc.

He had also, at times, severe pain in his legs. His pulse was somewhat tense and moderately frequent. The temperature occasionally rose to 103°, but usually ranged between 100° and 102°. The head did not feel very warm. He could not bear the light. After the first three weeks the pain abated, but occurred severely at intervals. He sometimes had a good, quiet day, but the pain returned. There was about this time a marked deafness and drowsiness. The pupils were moderately dilated in the light, and the eyes rolled upward. The pulse became feeble, but never markedly intermittent. The respiration was often shallow. The patient became very languid, and gave little attention to his attendants. He slept a good deal, and sometimes passed his water in the bed. His extremities were often cold, and some of the time were covered with perspiration. These symptoms were more marked about the fifth or sixth week of his illness. He could scarcely raise his head, and the lower lip trembled when he spoke or took food. The boy answered questions very tardily. He had still, at times, pain in the head. In the sixth week, when it was feared that fatal coma would supervene, he began to take more nutriment, to rest better, notice more, and gradually to lift his head from the pillow, and in every way to improve. By the end of May he seemed fully convalescent, with the exception of a degree of deafness in one ear. He now seems well, and of average brightness of mind and activity of body.

The remedies used during the first ten or fifteen days were several powders of calomel, followed by castor-oil or compound licorice-powders, some antifebrin every day, while fever remained, with doses of bromide of sodium at night and also in the day, according to the severity of the headache. During all the middle period of his sickness, 2- or 3-grain doses of iodide of potassium were given four times a day, sometimes alone, and again combined with bromide of potassium. Much attention was paid to the giving of nutriment, and a large part of the time digestion was assisted by peptinia. His bowels were kept moderately open by giving occasional doses of 2 or 3 grains of calomel, or a dose of hyd. cum. creta, followed by a little licorice compound or castor-oil.

Very soon after the case was pronounced as

one of meningitis, the hair was cut short, almost as clean as if shaved, and croton-oil applied, first behind the ears and over a part of the sides of the head. When the pustules dried a little, and the apparent irritation was abating, another part was subjected to the action of the oil. The eruption did not appear to distress the patient any, and was continued three or four weeks. At the time the symptoms were most unpromising the scalp was well covered. Several times, when there was a return of pain, it seemed to be relieved by exciting fresh pustulation.

In several cases when there appeared a tendency to meningitis I have seen improvement and restoration to health follow a croton-oil eruption upon the head. It is better borne, and gives less offense to parents and friends than blistering with cantharides, and has the advantage that, if carefully applied, its action can be regulated.

CAMPHO-PHENIQUE IN BURNS, AND IN THE TREATMENT OF INCIPIENT PHTHISIS.

By D. W. SPENSE, M.D.,
WILLIAMSPORT, PA.

I HAVE used campho-phénique in my practice for the past two years with the most gratifying results. In gynæcology it has, with me, entirely taken the place of iodoform, and in general surgery I use it for everything.

Being surgeon to a large iron-works, I have a great many burns to treat, and some of a most serious nature. Since learning the virtues of campho-phénique in this direction I have used nothing else, my formula being:—

℞ Olive-oil,
Campho-phénique, āā partes equales.
M. Sig.: Apply to the burned surface.

In every instance the results have been most satisfactory.

It is, however, in the treatment of incipient phthisis that I have achieved the most remarkable results with the remedy. I can at present quote but one typical case, though I have had several.

In April, 1890, I was called to see E. S. R., aged 23, a druggist. I found the right lung showing dullness of percussion at its apex, the usual dyspnœa, cough, râles, etc., and the patient had had one hæmorrhage, losing about six ounces of blood. This was on the day on which I was called into the case. Up to this time the patient had had the usual routine treatment—codliver-oil, creasote, etc.—without any benefit. I ordered the following:—

℞ Campho-phênique, . . . ʒj.
Liquid alboline, . . . ʒj.
M. Sig.: Use in Simple's atomizer every four hours, inhaling the pulverization.

In addition I ordered tonics, fresh air, exercise, etc. In about three months all expectoration and cough ceased, the patient gained in flesh and strength, and for the past six months has been attending to his business as usual, and is, in fact, a well man.

At the present time I have 4 similar cases under treatment, and all are improving in a remarkable manner.

As a general antiseptic I can speak only in the highest terms of campho-phénique.

ABSTRACTS.

METHYLENE BLUE AS AN ANTINEURALGIC.

Dr. Robert Immerwahr, Assistant in Professor Brieger's Polyclinic for Internal Diseases, at Berlin, writes as follows, in the Deutsche Medicinische Wochenschrift for October 8, 1891, concerning the use of methylene blue in neuralgia: On the ground of theoretical considerations drawn from the experimental work of Ehrlich, the therapeutical value of this substance as an analgesic was studied by Ehrlich and Leppmann. These writers testify to its efficacy in neuralgic and rheumatic affections of the muscles, joints, and tendons, and likewise affirm that neither in large doses (as much as 15 grains daily) nor after continued use does it produce any ill effects. Notwithstanding this recommendation, the substance, judging from the scanty reference to it met with in literature, seems to have been little used as yet in medicine. As we have obtained some favorable results from its employment in the polyclinic, it seems proper to direct attention anew to its properties.

We have given methylene blue internally in doses of 0.1 to 0.3 gramme (1½ to 4½ grains) three times daily in the form of a dry powder, inclosed in gelatine capsules. A pure medicinal methylene blue was obtained from a large dye-factory, as the methylene blue usually sold contains chloride of zinc. The ingestion of

this medicinal preparation was attended by no drawbacks. The blue coloration of the urine which it produces need not be esteemed an evil consequence, though patients should be warned of its occurrence, in order to prevent anxiety or fear on their parts. Occasionally, after the exhibition of large doses or prolonged use, a very uncomfortable scalding sensation in the bladder may occur, but this is soon relieved by means of small doses of muschat-nut.

In regard to the polyclinic patients treated by methylene blue, we have not, contrary to the experience of Ehrlich and Leppmann, perceived the least benefit from it in cases of unilateral sciatica. After being kept upon it for eight to fourteen days without relief, we were obliged to resort to other modes of treatment. On the other hand, in 2 cases of trigeminal neuralgia, the pain vanished completely, and finally, after the administration of 10 capsules, each containing 0.1 gramme. Again, our observations coincided with those of Ehrlich and Leppmann in regard to 3 cases of angeiospastic migraine, in which methylene blue afforded complete relief within an hour or two. The amelioration, moreover, was quite lasting, inasmuch as our patients were, for several weeks at least, freed from their misery.

In several cases of pure nervous headache, as well as in others of depression due to abuse of alcohol, a single dose of 0.1 gramme was enough to relieve the difficulty completely within an hour.

In the case of a colleague who suffered from muscular rheumatism, the pain, under the influence of methylene blue, gradually vanished within twenty-four hours. Finally, this remedy was very beneficial in 2 cases of herpes zoster. The severe pain disappeared within six days, under the use of the customary doses of 0.1 gramme thrice daily, and the herpetic vesicles soon healed.

Though the number of patients treated by means of methylene blue was small, yet the results obtained are such as to encourage further experiments with its properties as an antineuralgic remedy. So severe a malady as sciatica is not, according to our observations, mitigated by the use of this medicine. The exhibition of this substance as an analgesic, also, must be confined to purely nervous disorders, since upon pain due to other causes, as, *e.g.*, ulcer of the stomach or carcinoma, it has no influence.

THE ACTION OF METHYLENE BLUE IN MALARIA.

Paul Guttmann and P. Ehrlich, on account of the action of methylene blue on the plasmodium of malaria and the red blood-corpuscles, tried its effect in malarial fevers. Their anticipations were fulfilled, for they announce that methylene blue exerts a pronounced influence upon malaria. The attacks of fever, under its use, disappear in a few days, and, after eight days at the farthest, the plasmodia are absent. Chemically-pure methylene blue was given in capsules, in the dose of 1½ grains, at intervals five times daily. In the first case it was given at intervals of three hours. In the second, a quotidian intermittent, the five doses were given at hourly intervals about ten or twelve hours before the expected attack. The remedy must be continued in the daily dose of 7½ grains for at least eight or ten days after cessation of the fever.

It was observed that methylene blue caused an increase in the daily quantity of urine excreted. The urine is of an intense blue color. The intestinal evacuations contain the substance in a reduced form, which at once turns blue in contact with the atmosphere. Whether this mode of treatment protects against relapses is still to be determined.—*Deutsche Med. Zeitung*, October 15, 1891.

ETIOLOGY OF SUPPURATIONS IN THE COURSE OF TYPHOID FEVERS.

A. Fränkel, in 1887, and, after him, other observers, described the formation of pus entirely free from the usual pyogenic cocci and constituting pure cultures of bacilli typhosus. Since Roux and Vinay have succeeded experimentally in producing pus by means of typhoid bacilli, the power of these organisms to excite suppuration can no longer be denied. F. Lehmann reports 2 cases of typhoid fever in which, both during life and at the autopsy, there were detected collections of pus in which the only micro-organisms present were the bacilli typhosus.

The first case was of especial interest, since he was able to ascertain the fact seventeen days after the commencement of the illness, and at a time when a complete destruction of formerly existing staphylococci and streptococci, conceived as possible by E. Fränkel, could scarcely be admitted.—*Deutsche Med. Zeitung*, October 8, 1891.

THE INFLUENCE OF CERTAIN ANILINE DYES UPON THE INCREASE AND VIRULENCE OF MICROBES.

Stilling, Ehrlich, Leppmann, and others having proposed the adoption of aniline colors into therapeutics, J. Eraud and L. Hugounenq undertook to examine the effect of a number of these bodies upon various micro-organisms. As a result of their investigations they announce that two dyes, methylene blue and saffranin, in weak solutions, impair the virulence of the microbes examined, while stronger solutions arrest their activity. In certain infectious diseases, especially gonorrhœa, these dyes displayed their bactericidal power. For the affection named the authors state that the injection of a 1 to 200 or 1 to 250 solution from ten to fifteen times a day is followed by a good result.—*Deutsche Med. Zeitung*, October 8, 1891.

CATARACT AND XEROSIS OF THE CONJUNCTIVA IN GLASS-WORKERS.

In order to test the opinion advanced by some, and especially by Meyerhöfer, that glass-workers are particularly liable to cataract, Evetzki examined the eyes of 70 workmen employed in a glass-factory. Among these he found 3 who exhibited signs of incipient cataract, the individuals being between 43 and 56 years of age,—a period of life which in other workmen also is not unusually accompanied by a premature tendency to the formation of cataract. On the other hand, the author observed patches of xerosis of the ocular conjunctiva in 31 of the 70 workmen, even among the young. The spots looked as if covered with dry soap-lather, and were generally located externally to the cornea. The persons so affected were well nourished, and did not suffer from hemeralopia. This condition of the conjunctiva the writer regarded as purely local, due to the intense heat to which the men are exposed.—*Deutsche Med. Zeitung*, October 8, 1891.

A CASE OF MIXED INFECTION OF TYPHOID FEVER AND DIPHTHERIA.

Dr. Siegmund Gerloczy, of Buda-Pesth, reports the following: On December 15, 1890, a girl, aged 14 years, was admitted to the hospital with the diagnosis of diphtheria. She related that five days previously she had been attacked by fever, soon followed by difficulty in swallowing. Upon admission there was observed severe tonsillitis, accompanied by marked infiltration of the submaxillary glands. The temperature was 103°. Splenic dullness began at the lower border of the eighth rib. In the next four days a characteristic typhoid fever developed with roseola and swelling of the spleen. On the following day diphtheria of the throat was recognized, and was especially prominent upon the uvula. The tonsils were also partially involved. This process extended, but the typhoid fever also became more pronounced. Diarrhœa and bronchial catarrh were present. The symptoms of croup appeared on the next day with dyspnœa and extreme prostration. Death occurred on the 23d of December.

The post-mortem revealed pseudo-membranous pharyngitis, laryngitis, tracheitis, and bronchitis, the lesions of typhoid fever in the intestinal and mesenteric glands, with swelling of the spleen, parenchymatous degeneration of the liver and heart.—*Deutsche Med. Zeitung*, October 19, 1891.

NEW MEDICATED SOAPS.

In a paper with this title Dr. Eichhoff, of Elberfeld, writes:—

A 5-per-cent. super-fatted menthol soap is very efficacious in the various forms of pruritus. It is used in the following manner: The patient night and morning washes the whole body, or, in case of local pruritus, the affected portion, in a lukewarm bath with the soap. In obstinate cases the lather of the menthol soap is allowed to dry, and only removed in the next bath, after a lapse of 12 hours.

In pruritus genitalis and analis washing with the menthol soap is advisable thrice daily, leaving the lather to dry upon the body.

In a number of rebellious skin diseases a 5-per-cent. super-fatted salol soap has an excellent effect. The salol is contained unaltered in the super-fatted and slightly acid soap. By washing and bringing the lather in contact with the affected surfaces, which are generally of an alkaline reaction, the salol is decomposed into salicylic and carbolic acids, which act with special energy in the nascent state.

The author has used the salol soap with good results in parasitic eczema and psoriasis vulgaris. It is also beneficial in pityriasis versicolor, herpes tonsurans, favus, impetigo contagiosa, and eczema marginatum.

Super-fatted aristol soap has a particularly

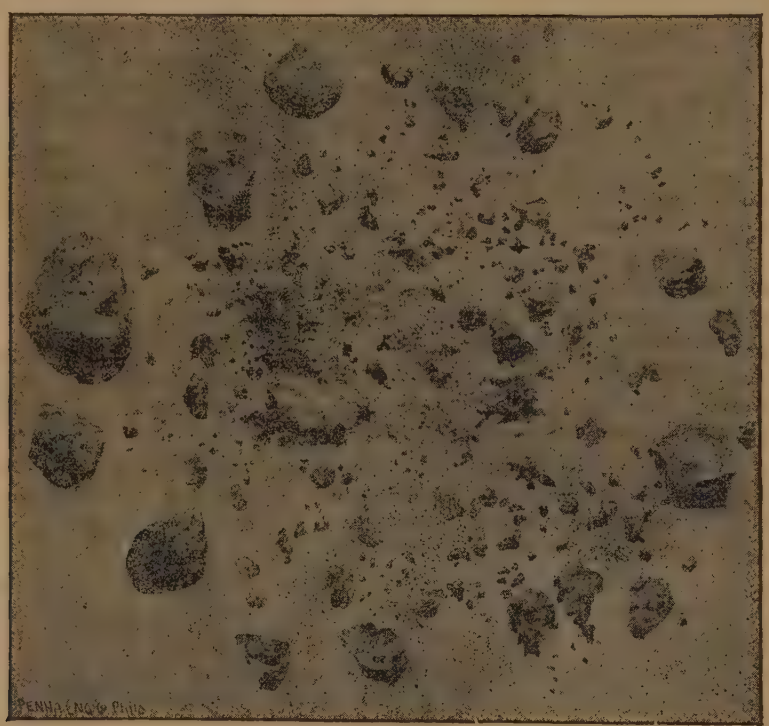
favorable action upon superficial dermatoses, psoriasis, parasitic eczema, and other mycoses. Moreover, aristol is a sovereign agent in promoting cicatrization, far superior to iodoform. It is, therefore, peculiarly adapted to the treatment of leg-ulcers, ulcerated lupus, and the ulcerated gummata of tertiary syphilis. With this preparation, also, several daily applications are recommended, leaving the lather to dry upon the surface.—*Deutsche Med. Zeitung*, October 1, 1891.

STONE IN THE BLADDER.

J. J. Maxfield, M.D., reports the case of a man, 51 years old, who suffered from a large, hard stone. As an operation was refused, he was ordered to drink one quart of Buffalo Lithia Water every day. The bladder was washed out once a day with the same, warm, a careful attention paid to diet and bowels, and gentle tonics given. This treatment was faithfully kept up for nine months, when pus appeared in the urine, and the operation could no longer be delayed. During the time he was under the treatment, large quantities of *débris* came away. Some of the pieces were so large that it was only by great effort that they were passed *via* urethra. The left lateral operation was performed, a sacculated stone found and removed. It was very soft.

"The cut will illustrate better than I could tell how some of the mass looked, though a great deal of the finest particles were lost in the irrigation."

Dr. Maxfield concludes: "Had I known before I operated what I knew afterward, I would not have done it, but with a lithotrite I would have crushed it and washed it out, though I believe firmly that if I had continued the treatment of the Buffalo Lithia Water a few weeks more the stone would have fallen to pieces. The outer segments were roughened, showing the disintegrating action of the water in dissolving it. I believe the case is unique in every particular, and shows the value of Buffalo Lithia Water so clearly that I thought it worth repeating. The patient made a complete recovery, without an accident to mar it. The total weight of the pieces saved was 213 grains."—*The Prescription.*



THE BROMIDES: THEIR THERAPEUTIC ACTION.

At a meeting of the Biological Society, October 21, 1891, M. Féré presented a series of documents relating to the above subject. The following are his conclusions: The bromide

of strontium may be employed in epilepsy in the same doses as the bromide of potassium. Symptoms of intoxication appear when these doses are exceeded. The therapeutic action of the two salts is similar. When, at the autopsy of epileptics who had taken a great deal of bromide, and, comparatively, in intoxicated animals, we seek to determine in what organ the salt accumulates, the liver, and not the brain, is found to contain the greatest quantity. The amount of bromide retained in the organism is very great. This condition of saturation of the system by bromide has been considered as predisposing to tuberculosis. M. Féré has seen nothing in patients to corroborate this idea, but the hypothesis is confirmed by experimentation. Guinea-pigs saturated with bromide of potassium and inoculated with tuberculosis succumb more rapidly than animals to whom the salt had not been given.—*Le Progrès Médical*, October 24, 1891.

EXPERIMENTS IN RELATION TO IMMUNITY AGAINST AND CURE OF PNEUMOCOCCOUS INFECTION.

Drs. G. Klemperer and F. Klemperer have succeeded in rendering rabbits immune to pneumonia, making use of saliva secreted after as well as before the crisis. It was necessary, however, to destroy the toxicity of the latter by means of heat. Immunity was also produced by a glycerin extract of pneumococci which had been exposed to a heat of 60° C. (140° F.). Bouillon cultures also, under certain conditions, conferred immunity, though not after a certain interval of time. After subcutaneous injection immunity appeared in about ten days; after intra-venous injection, in three or four days.

According to the researches of the above-named authors, every nutritive solution in which pneumococci have developed gives immunity against pneumococcous septicæmia, even after the cocci themselves have been removed. Its power of rendering immune is hastened and heightened if the toxic nutritive solution is exposed for a time to a high temperature. The fluids which render immune have not, however, the power of curing; nor are they able, if given at the same time with the causative organisms of the infection, to prevent the occurrence of tne disease. On the other hand, the authors effected a cure according to the method employed by Behring and Kitasato in diphtheria and tetanus; that is, by the serum of immune animals. This serum has the power of curing pneumococcous septicæmia. It acts with the more certainty when introduced directly into the blood-current. The curative serum of immune rabbits is also able to produce immunity.

Cure is due to a fluid derived from the organism of an immune animal, this immunity being the result of the products of tissue change in the pneumococci. A direct course thus leads from the exciting cause of the disease to immunity, and from this to cure of the disease.

If, now, it be asked in what manner the blood-serum cures pneumococcous septicæmia, the experiment shows that the serum does not destroy the cocci, but neutralizes their poisonous products. It also renders harmless the poisonous material which had already been formed by the pneumococci. If, now, the cocci continue to produce poison, this, so long as the serum is present, is destroyed in the very moment of its formation. In an organism thus protected and freed from poison the poisonless bacteria perish, just as non-pathogenic bacteria are quickly destroyed when injected into the blood-current of healthy animals, the work being performed, above all, by the white blood-cells. The authors succeeded in isolating in nutritive fluids, in which pneumococci had grown a toxalbumin, pneumotoxin. This albuminous body generated by the pneumococcus occasions, when introduced within the animal organism, fever with, in a few days, the formation of a substance (anti-pneumotoxin) which has the power of destroying the poison generated by the pneumococci. This antidote possesses, in the opinion of the authors, curative properties in pneumococcous infection. It is produced both in the pneumonia of rabbits and in that of man. The writers, therefore, consider the identity of these affections as demonstrated. For, on the one hand, serum taken after the crisis from patients suffering from pneumonia has repeatedly cured the pneumococcous infection of rabbits; and, on the other, the serum of immune rabbits, injected into human beings ill of pneumonia, always caused a considerable decrease of temperature.

Again, there exists an analogy between the cure of the septicæmia of rabbits and pneumonia of man. The pneumococci elaborate

within the human lung their poison, which is absorbed into the circulation, giving rise to the phenomena of fever. The poison now circulates continually in a fever-blood, and thereby is formed, as in animals, an antidote from the toxin, or, by its aid, from the albumen of the body. The moment when this antidote begins to exert its powers is the beginning of the crisis. All the poison which the cocci had hitherto formed in excess is neutralized. The coccus is not destroyed, nor does it lose its capability of producing fresh poison, but in the body in which antitoxin circulates it has become harmless.

The identity of both affections will be demonstrated with absolute certainty, if we are able by the same means to cure the disease in rabbits and induce crises in human pneumonia. "If the progress of our experiments and the interpretation we place upon them be correct," say the authors, "we have in the serum of immune rabbits, the poisonous action of which we are able to destroy, a specific against pneumonia."

The next experiments undertaken by the writers demonstrate that the serum is altogether indifferent to healthy organisms. In 6 patients suffering from pneumonia the action of the material was tried, and the result was so far encouraging that in every case, in from six to twelve hours after the injection, the temperature fell considerably, and the pulse and respiration became less rapid. In 2 cases the temperature remained normal; in the remaining cases it rose at the end of six hours. Control experiments made upon 2 typhoid-fever patients showed that the serum had not the slightest influence upon the fever-curve of that disease.—*Deutsche Med. Zeitung*, October 12, 1891.

ANCHYLOSIS OF THE TEMPORO-MAXILLARY JOINT, FOLLOWING GONORRHŒAL RHEUMATISM.—Dr. R. W. Taylor, at one of his recent clinics, presented a young man who gave a history of gonorrhœa followed by gonorrhœal rheumatism in all the large joints in the body. The inflammation of the temporo-maxillary joint persisted, and was followed by an anchylosis and fixation of the jaws. The patient is only able to introduce small particles of solid food into his mouth, and swallows with great difficulty. His condition, Dr. Taylor said, can only be relieved by a surgical operation.—N. Y. letter in *Med. Age.*

THERAPEUTIC NOTES.

GLYCERIN JELLIES.

℞ Tragacanth, . . . gr. lx.
Glycerin, . . . ʒij.
Water, ... ʒiv.
Extract of rose, . . gtt. vj.

Or,

℞ Gelatin, ... ʒij.
Glucose, ... ʒj.
Glycerin, . . . ʒvj.
Water, ... ʒiij.
Oil of rose, . . . gtt. v.

—*Chemist and Druggist.*

CREASOTE PILLS.

℞ Creasoti, ... ♏xc.
Pulv. rad. althææ, . . gr. lx.
Calcis ust., . . . gr. xij.
Aquæ destillatæ, . . gtt. vi–viij.

Misce et adde—

℞ Sacchari albi, . . . gr. xc.
Boli, ... gr. lx.

M. ut fiant pilulæ cxx.

—*Chemist and Druggist.*

FOR CHRONIC LARYNGITIS.

Ragonean gives the following mixture as a gargle in chronic laryngitis:—

℞ Tinct. of capsicum fastigiatum, ... 0.50 grm.
Syrup of blackberries, . 50.00 grms.
Decoction of quinquina, . 150.00 "

M. Sig.: To be used night and morning.—*Rev. de Laryn. d'Otolog., et de Rhinologie.*

FOR PARASITIC DERMATOSIS.

℞ Acid. salicylic., . . . 5.00 grms.
Creasoti, ... 2.00 "
Saponis, . . . 100.00 "

M. Sig.: To be applied to the affected parts.—*Journal de Médecine de Paris.*

URTICARIA.

For the pruritus Quinquad advises:—

℞ Aq. laurocerasi, . . 50.00 grms.
Chloral, ... 5.00 "
Aquæ, ... 200.00 —M.

Or,

℞ Ether, ... 30.00 grms.
Tepid water, . . . 60.00 —M.

Also, a powder for dusting on the surface:—

℞ Amyli, ... 50.00 grms.
Zinci oxid., . . . 10.00 —M.

Or,

℞ Amyli, ... 50.00 grms.
Acid salicyl., . . . 5.00 —M.
—*La Tribune Médical.*

FOR GONORRHŒA.

℞ Antipyrin, . . . gr. xlv.
Sulphate of zinc, . . gr. iv.
Rose-water,
Cherry-laurel water, . āā f℥ij.
M. Sig.: Use as an injection.—*Rev. Gén. de Clin. et de Thérap.*

ACETANILID AND CAMPHOR.

Cshesmiutzeff recommends that camphor be given with acetanilid in order to overcome the depressing effects of the latter. He has had good results with this combination in the treatment of pneumonia:—

℞ Acetanilid, ... gr. iij.
Camphor, ... gr. iss.
M. Sig.: For one capsule.

This may be repeated in four hours.—*Boston Medical and Surg. Journal.*

SEBORRHŒA OF THE SCALP.

℞ Spirits of ether, . . . ℥iss.
Tincture of benzoin, . . ℥j.
Vanillin, ... gr. ss.
Heliotropin, . . . gr. iij.
Oil of geranium, . . gtt. ij.
M. Sig.: For external use.—LIEBREICH, in *Wiener Med. Presse.*

FOR CHRONIC DIARRHŒA AND DYSENTERY.

℞ Calomel, ... 0.60 grms.
Pulv. ipecac, . . . 0.40 "
Ext. opii, ... 0.05 "
M. et ft. pil. vj.
Sig.: One pill every two hours.—MAGET, in *Rev. de Thérap. med. Chirurg.*

FOR ACNE.

℞ Washed precipitated sulphur,
Pure glycerin,
Carbonate of potassium,
Hydrolate of cherry-bark,
Alcohol, . . . āā 10.00 grms.
—KAPOSI, in *Jour. de Méd. de Paris.*

ANTISEPTIC GAUZE.

For plugging the uterus, Bar has employed with advantage a gauze medicated with retinol iodoform. It is used as follows:—

The gauze, after being boiled in a strong carbolized water and well dried, is dipped in the following mixture:—

℞ Retinol, ... ℥ij.
Wax, ... ℥iss.
Iodoform, . . . ℥j.—M.

Tampons made with gauze, prepared in this manner, are especially useful, inasmuch as they are apt to leave a good coating of iodoform upon the vaginal or cervical surface, and thus assure complete asepsis of the mucous membrane.—*Boston Med. and Surg. Journal.*

ICTERUS.

Nieceche recommends for catarrhal icterus:

℞ Argent. nitr., . 0.06 grm. (gr. j).
Aq. dest., . . 180.00 grms. (f℥vss).
M. Tablespoonful three or four times daily.—*Med. Chir. Rund.*

SYPHILIS DURING GESTATION.

℞ Bichloride of mercury, . 0.01 grm.
Thebaic extract, . . 0.005 "
Gentian extract, . . 0.005 "
Glycerin, . . . s. c.
M. et ft. pil.—BESNIER, in *Journ. de Méd. de Paris.*

PROLAPSUS UTERI.

℞ Tinct. cimicifugæ, . . f℥j.
Aletris cordial (rio), . f℥vij.
M. Sig.: Teaspoonful four times a day.

This often cures without the aid of mechanical support.

INFANTILE CONVULSIONS.

℞ Chloral. hydratis, . . gr. iv.
Potassii bromidi, . . gr. viij.
Aquæ,
Syrupi, . . . āā f℥j.
M. Sig.: One dose for a child aged 2 years.—JACOBI, in *Med. and Surg. Reporter.*

FOR ACNE.

℞ Sulphur, . . . 1 gramme.
Camphorated alcohol, . 5 grammes.
Lime-water, . . . 80 "

Or this ointment:—

℞ Sulphur, . . . 1 gramme.
Lard, ... 30 grammes.
Phenic acid, . . . 10 drops.
Carbonate of potassium, 1 gramme.
—PAYNE, in *Jour. de Méd. de Paris.*

NAPHTHALINE AS A VERMIFUGE.

For children, the following:—

℞ Naphthaline, . . . 4½ to 7 grains.
Castor-oil, . . . ½ fluidounce.
Essence of bergamot, . 2 drops.

For two days before the dose the patient is directed to live on salt, acid, and highly-seasoned food, then the naphthaline is given fasting early the following morning.—DR. MIROVITCH, in *Mecredi Médical.*

POWDER FOR INSUFFLATION IN OZÆNA.

℞ Salol, ... 75 grains.
Boric acid, . . . 45 "
Salicylic acid, . . 7½ "
Thymic acid, . . 3 "
Pulverized chalk, . . 120 "

M. Sig.: To be used as a snuff after having cleansed the parts with carbolized water.—*The Times and Register.*

A TREATMENT FOR THE LARYNGITIS OF SINGERS.

This treatment, according to the author, is intended for the acute laryngitis of persons who fatigue their voice.

A purgative is administered; we then use inhalations of cocaine, spray 1 per 100, and give internally a mixture of ammonia and tincture of aconite.

From time to time the patient should make use of the following pastille:—

℞ Morphine, . . . $\frac{1}{60}$ grain.
Hydrochlorate of cocaine, $\frac{1}{60}$ "
Tincture of aconite, . . 3 drops.
Powdered althæa, . . 4 grains.
Sugar, ... q. s.
For one pastille.

When the acute symptoms have subsided, we prescribe strychnine, in doses of $\frac{1}{120}$ grain, before meals. The author even repeats this dose at the time that the actor enters *en scene*. The action of the strychnine is efficacious; nevertheless, we can understand that this medicament should be used with caution.—M. FAULKNER, in *La Médecine Moderne; The Times and Register.*

INJECTION FOR GONORRHŒA.

In acute and chronic gonorrhœa Audhoui recommends the following:—

℞ Aq. rosar., ... 100.
Aq. lauroceras., . . . 100.
Zinc. sulph., ... 50.
Antipyrin., ... 5.

FOR EPILEPSY.

Poulet recommends the following formula for epilepsy:—

℞ Bromide of potassium, . 100 parts.
Tincture of calabar bean, 35 "
Water, ... 470 "

M. Sig.: A tablespoonful, to be increased to a tablespoonful and a half, then two tablespoonfuls, daily.

A tablespoonful contains three and four-fifths grammes (or about fifty-seven grains) of bromide and one and eight-hundredths grammes of the tincture. The medicine may be given in divided doses instead of in one full dose, half a teaspoonful being given at first twice, then three times, then four times a day.

TUBERCULAR DIARRHŒA.

℞ Guaiacol, . . . 10 drops.
Olive-oil, . . . 6 drachms.
Water, ... 8 ounces.
One yelk of an egg.

M. Sig.: Administered by enema.—*Jour. de Méd. de Paris.*

SCIATICA.

Dr. Eliof, New Haven, recommends:—

℞ Ext. belladon., . . . ℥ss.
Ext. aconiti, ... ℥iss.
Ext. gelsem., . . . ad ℥vj.

M. Sig.: Give six, seven, or eight drops every four hours.—*New York Medical Journal.*

WHOOPING COUGH.

℞ Terpini hydrati, . 1.0–1.5 grms.
Antipyrini, . . 1.0 grm.
Syr. aurant. cort., . 50.0 grms.
Aquæ tiliæ, . . 60.0 grms.

M. Sig.: One-half to one teaspoonful frequently during the day for a child from 1 to 4 years of age.—*Archives of Gynæcology*, etc.

CHRONIC AFFECTIONS OF THE MIDDLE-EAR.

An interesting series of cases of chronic affections of the middle-ear, successfully treated by styrone, are recorded by Dr. Cheltsoff. The cases had been previously treated by other remedies, against which, however, they proved obstinate. Styrone occurs in two forms, viz., crystalline and liquid; both proved equally effective. Cheltsoff employed an alcoholic solution, and thereby, of course, laid the method open to the objection that the good effect was, at least in part, due to the alcohol. Foreseeing this, he made trials with the solvent alone, but the only result was an increase in the amount of purulent excretion, which immediately disappeared on the application of styrone. A further valuable property of the remedy is that it is pain soothing; in each of the author's 8 cases, where pain was a symptom of the affection, styrone proved itself to be an excellent analgesic.—*Notes on New Remedies.*

TREATMENT OF IODISM.

According to Drs. Buchmann and Malachkowski, to combat iodism, we should render the fluids of the body alkaline. For this pur-

pose they employ from 7 to 10 grammes of the bicarbonate of soda. They have used this medication since 1887, with constant success. —*St. Louis Clinique.*

LUPUS ERYTHEMATOSUS.

℞ Zinci sulphatis, . . . ʒss.
Potassii sulphureti, . . ʒss.
Aquæ rosæ, . . . fʒiiiss.
Alcoholis, ... fʒiij.

M. Sig.: Mop on morning and evening for ten or more minutes at a time.—*Courier of Med.*

NAPHTHALINE CAMPHOR.

Melt on a steam-bath 100 parts of camphor and 300 parts of naphthaline, and pour into molds. If a perfumed preparation is desired, add 2 parts coumarin, 2 parts nerolin, and 1 part nitro-benzol.—*California Druggist.*

IODOLE AND ANTIFEBRIN IN CEREBRO SPINAL MENINGITIS.

Dr. Krotkoff, of Saratov, and Dr. Vladimïr I. Sübbotin, of Balashov, report excellent results from the following combination:—

℞ Iodoli purissimi, . . 0.30 gramme.
Antifebrini, . . . 0.18 "

M. f. pulvis. D. S.: A powder every three hours.

In conjunction with blisters to the back of the neck and mastoid processes, ice to the neck below the blisters, saline injections, hypodermatic injection of $\frac{1}{12}$ grain morphine for insomnia, and beef and milk in tablespoonful doses.—*Med. and Surg. Reporter.*

HAY FEVER.

℞ Acid. boric. pulv., . . 2.0 grammes.
Natr. salicyl., . . 2.5 "
Cocain. mur. pulv., . 0.12 gramme.

M. Sig.: For snuff.

—*L'Union Médicale.*

EMMENAGOGUE.

Dr. C. Mittenheimer (Allgemeine Med. Centr.-Zeitung) recommends:—

℞ Natron. salicyl., . . 6.0 grammes.
Aq. dest., . . . 75.0 "
Syr. aurant. cort., . . 25.0 "

M. et Sig.: One tablespoonful every hour until perspiration occurs.

After the patient had taken two doses she began to perspire, and also her monthly period appeared, which had been delayed for over a week. Otherwise she had always been most regular. The menses followed their normal course, and the patient made a speedy recovery.—*Archives of Gynæcology*, etc.

ECZEMA OF THE SCROTUM AND ANUS.

Dr. R. R. Campbell recommends the following:—

℞ Iodoformi, . . . ʒiij.
Zinci oxidi, . . . ʒiss.
Spirit. camphoræ, . . fʒiij.
Aquæ calcis.,
Olei lini, . . . āā fʒiss.

M. Sig.: Apply locally at night, and have patient wear suspensory bandage.

—*Col. and Clin. Record.*

FOR ECZEMA.

℞ Thymol., . . . ʒss.
Zinci oxidi,
Amyli, . . . āā ʒvj.
Adipis, ... ʒiss.

M. Sig.: Apply twice a day to affected part.

—*Jour. des Maladies Cutanées et Syphilitiques; Med. Record.*

TREATMENT OF WOUNDS BY SUBLIMATE BATHS.

At a meeting of the Medical Society of London, October 19, 1891, Mr. Mansell Moullin described a method of dealing with lacerated wounds, especially those in which fracture was complicated by extensive lacerations. It consisted in placing the wounded part in an antiseptic bath at the temperature of the body. He had tried this procedure in 30 cases, with only 2 failures, and these 2 were, in all probability, directly due to the escape of sewer-gas in the immediate vicinity of the patients. He began with a 1 in 1000 sublimate solution, reducing the strength in a day or two to 1 in 10,000. As to duration, sometimes the bath was employed only for an hour; in others it had been kept up for a fortnight, night and day. In the 2 patients who had remained under the treatment for a fortnight, there were unmistakable symptoms of mercurial poisoning, but they ceased immediately on the bath being suspended. As a general rule, no symptoms pointing to mercurial absorption were present. —*British Medical Journal.*

PSEUDOCONHYDRINE.

Adam and Ladenburg give (Berichte) some further particulars concerning the new alkaloid, pseudoconhydrine, discovered by Merck in *Conium maculatum*. The base is readily solu-

ble in water, alcohol, ether, and benzine, and the salts are very soluble. The melting-point of pseudoconhydrine is 100° to 102° C., but it sublimes at a lower temperature in fine needles, and boils at 229° to 231° C. The alkaloid is optically active, and, like conhydrine, must be a secondary base, since it yields a nitrosamine upon warming its hydrochloride with sodium nitrite. The formation of an iodine derivative by treatment with hydriodic acid, in which an iodine atom replaces a hydroxyl group, also determines that, like conhydrine, it belongs to the class of bodies termed alkalines.—*Druggists' Circular.*

THE EMPLOYMENT OF GUAIACOL BY THE INTESTINES.

Dr. William H. Gregg recommends guaiacol as "certainly the most active therapeutic agent we possess at the present time for the treatment of pulmonary tuberculosis," but it must be taken, he adds, in large quantities. The stomach is remarkably intolerant of this class of remedies, he says, and hypodermatic injection can be used only with strict precaution as to asepsis. "With a view of overcoming these obstacles," says the author, "it was decided to administer guaiacol by the intestines. In those cases where it has been carried out, it has been proved that this method has no drawbacks. The signs that the drug has been absorbed rapidly make their appearance, and in the most characteristic manner. The patient tastes the guaiacol almost at once; the urine changes color and becomes greenish black or blackish. The administration of guaiacol in an enema is a simple and practical method, and one which consumptives themselves do not object to, and, in a word, gives such remarkable results that the therapeutical effect of the drug is carried to its highest power."—*New York Medical Journal*

A NEW HÆMOSTATIC.

The ferro-hydrochlorate of quinine has lately been recommended by Karsch as a hæmostatic. Used externally, it possesses the same styptic properties as ferric chloride, but is not a caustic, its application even to recent wounds being painless.—*Druggists' Circular.*

WHOOPING-COUGH.

Dr. L. Harrison Mettler, of Chicago, reports excellent results from the giving of full doses of antipyrin in the paroxysmal stage of whooping-cough, a dose of 2 grains three times a day, with an extra dose at bed-time, to a child of 5 years, reducing the paroxysms to from two to three in the twenty-four hours, thus confirming the statement of Sonnenberger as to its value in such cases.

GALLACOTOPHENON, A NEW REMEDY FOR PSORIASIS.

Gallacotophenon is a trihydroxybenzol in which a hydrogen atom of the benzin nucleus is replaced by methyl-keton. Thus, its formula is $CH_3COC_6H_2(OH_3)$, and it oxidizes in alkaline solution so gradually that alkaline salts can be prepared. It occurs as a pale-yellow powder, which readily crystallizes from aqueous solutions in yellow needles; in cold water it is scarcely soluble, 1 part requiring about 560 parts for solution, but is freely taken up by hot water, alcohol, ether, and by glycerin, in every proportion.

Its solubility in cold water can be increased by addition of sodium acetate, 30 grammes of which enable 100 cubic centimetres of water to take up 4 grammes of gallacotophenon (or 132 grains to 1 ounce of water for 18 grains of the compound).

Physiological experiment showed that dogs and rabbits could take 4 grains and 1 gramme respectively for fourteen days continuously without losing appetite, and, indeed, gaining in weight. The antiseptic properties of the compound were also tested with the result, generally expressed, that when to six days' old vigorous cultures of the bacteria of pus, etc., sufficient gallacotophenon was added to make 1-per-cent. mixtures, all kinds of bacteria were dead in twenty-four hours.

Some few clinical observations with the remedy have been made in the dermatological clinic of Professor von Intz in Berne. In the form of a 10-per-cent. ointment it was used in the treatment of psoriasis, and is recorded to have produced marked effects after twelve hours. The substance has also the advantage, according to Dr. von Rekowski (Therap. Monatsh., 1891, No. 9), of not soiling the linen of the patients. Of course, these observations require confirmation before much importance can be attached to them.

CANNABIS INDICA AS AN ANODYNE AND HYPNOTIC.

There is not on record any well-attested case of death from cannabis Indica. A prolonged

personal experience, compassing the history of many cases—men and women—and hundreds of doses, ranging from 30 to 60 minims, of the fluid extract, has never brought any anxiety along toxic lines.

Its most important use is in that opprobrium of the healing art—migraine. In a paper by the writer, eight years ago, "Opium Addiction Among Medical Men," Medical Record, June 9, 1883, in reviewing the causes, this was asserted the most frequent. Enlarged experience has not changed that opinion.

Ringer says: "No single drug have I found so useful in migraine." He thinks it acts well in all forms, but seems most useful in preventing rather than arresting. He deems it specially effective in attacks due to fatigue, anxiety, or climacteric change. Richard Green, who first commended it in this complaint, thinks it not only relieves, but cures, in nearly all cases giving lasting relief. Dr. Suckling calls it "almost a specific" in a form of insanity peculiar to women, caused by mental worry or moral shock, in which it clearly acts as a psychic anodyne—"seems to remove the mental distress and unrest." Mackenzie has used it with much success in constant, all-day headache, not dependent on anæmia or peripheral irritation. Bastian and Reynolds commend it in the delirium of cerebral softening, and the latter says it calms the head-pain and unrest of epileptics. In cardiac tumult, in senile insomnia and delirium, and the night unrest of general paresis it acts well.

In some diseases common to women hemp works well. Graily Hewitt says that in many cases of uterine cancer it allays or prevents pain. Ringer asserts it sometimes signally useful in dysmenorrhœa. West commends it here. Potter states that its anodyne power is marked in chronic metritis and dysmenorrhœa.

In genito-urinary disorder it often acts kindly—the renal pain of Bright's disease; in vesical spasm, retention of urine, and chordee, it calms the pain of clap equal to sandal or copaiba, and is less unpleasant. The distress of gastric ulcer and gastrodynia are eased by it, and in other and varied neuralgias it serves one well. In some cases of advanced phthisis and other cureless diseases it will bring euthanasia by allaying pain and unrest.

My experience with hemp covers more than a decade, many cases, and several pounds of fluid extract. It is proper to state that these cases have been solely *habitués* or *ex-habitués* of opium, chloral, or cocaine. In these, often, it has proved an efficient substitute for the poppy. Its power in this regard has sometimes surprised me. McConnell commends it in the insomnia of chronic cardiac and renal disease. Oxley lauds it in the insomnia of severe chorea, especially in children; the tincture "more effectual than any other hypnotic."

My own results prove it a satisfactory soporific, even oftener than as an anodyne. And this, too, under conditions that test thoroughly the power of any drug in this regard, for the insomnia of ex-poppy *habitués* finds its equal only in the agrypnia of the insane. I have used, mainly, Squibb's fluid extract. To a small extent, Parke, Davis & Co.'s Normal Liquid. They are reliable.

Merck has produced two elegant and efficient extracts—cannabine tannate and cannabinone. They are essentially hypnotic. In hysteric cases not calmed by chloral or opium cannabine tannate acts specially well. In the small dose of 1 grain it has brought sleep when ⅓ grain morphia failed.

Another cause of failure is too timid giving. I am convinced that the dose of books is often too small. The only true way is, once a good extract, push it to full effect. My doses have been large—40 to 60 minims of the fluid extract—overlarge for the non-narcotic *habitué;* but, as we years ago asserted, habitual poppy-taking begets a peculiar tolerance of other nervines, and they must be more robustly given.

The tincture—3 grains to the drachm—may be given in doses of 20 to 60 minims. The fluid extract, 5 to 20 minims. The solid extract, ½ to 2 grains. Tannate of cannabin, 5 to 15 grains. Cannabinone, ½ to 1½ grains. Cannabinone with milk sugar, 5 to 15 grains, and each repeated or increased till a full effect is secured. It is said that in women cannabinone acts twice as strongly as in men.—Dr. J. B. Mattison, in *Brooklyn Med. Journal.*

GOUT AND FRUIT-EATING.

In the last number of his Archives of Surgery, Mr. Jonathan Hutchinson says that he has for many years been in the habit of forbidding fruit to all patients who suffer from tendency to gout. In every instance in which a total abstainer of long standing has come under his observation for any affection related to gout,

he has found, on inquiry, that the sufferer was a liberal fruit-eater. Fruits are, of course, by no means all equally deleterious; cooked fruits, especially if eaten hot with added sugar, are the most injurious; the addition of cane- to grape-sugar adds much to the risk of disagreement. Fruit eaten raw and without the addition of sugar would appear to be comparatively safe. Natural instinct and dietetic tastes have already led the way in this direction; few wine-drinkers take fruit or sweets to any extent, and Mr. Hutchinson suggests as a dietetic law that alcohol and fruit-sugar ought never to be taken together, and he believes that the children of those who in former generations have established a gouty constitution may, although themselves water-drinkers, excite active gout by the use of fruit and sugar.—*Brit. Med. Journal.*

THE ACTION OF MASSAGE ON THE URINARY SECRETION.

Dr. Marinel (Annales de Médecine et de Chirurgie, Bruxelles, 1891) has made a series of experiments which tend to confirm the view of Dr. Bum, that the urine is increased by massage. This increased diuresis is not due to augmented blood-pressure, but to the fact that various chemical substances are caused to enter the circulation by the action of massage.—*Oest. ungar. Centralbl. f. d. med. Wissensch.*

HYPODERMATIC INJECTION OF CAMPHOR.

The employment of camphor hypodermatically, in solution, in oil or spirit and ether, is much more general on the Continent than in this country, German and Russian practitioners esteeming this a valuable mode of treating symptoms of impending collapse. Other uses, too, have been found for it, *e.g.*, Dr. Bruno Alexander, of Berlin, has recently published an interesting paper giving the results of an extensive series of observations, made during the last two years, on the effect of hypodermatic injections of oleum camphoratum, which is composed of 1 part of camphor to 9 parts of olive-oil, in a large number of cases of diseases of the lungs. The dose given was 15 minims once a day. As the effects of camphor are cumulative, it was found that four daily injections were as much as could usually be borne without some unpleasant effects, such as headache and restlessness at night. After an interval of a week, however, one more injection could be given without causing any unpleasant symptoms. Phthisical patients seem to bear continued treatment better than others, and its results in the last stages of phthisis were very valuable, the night-sweats, the irritating cough, and the expectoration being diminished in a remarkable manner.—*St. Louis Clinique.*

YERBA REUMA.

Yerba reuma possesses properties well worthy our attention. As an alterative to inflamed mucous membrane of long standing, topically applied, I consider it without a peer.

In ozæna, with that most fetid of all odors, I have found it very useful, and in chronic inflammation of the Schneiderian membranes it is even more effective; and a few patients have claimed that they have received permanent benefit in chronic nasal catarrh by insufflation of this preparation, properly diluted. I do not wish to be placed on record as claiming curative properties for this drug in chronic nasal catarrh, as I attribute the exciting cause largely due to climatic influences, over which medication has no control.—Dr. Robert R. Lawrence, of Hartford, Mich., in *Med. and Surg. Rep.*

ACUTE AND SUBACUTE RHEUMATISM.

Dr. J. B. Johnson, of Washington, D.C., in the Southern Clinic, speaks highly of a mixture thus composed:—

℞ Bicarbonate potassium,
Salicylic acid,
Iodide of potassium, . āā ʒij.
Tinct. colchicum-seed, . . ʒiij.
Syrup orange-peel, . . . ℥iij.
Aquæ, ... ℥v.

M. Shake well. Sig.: A tablespoonful every two or three hours, continued until some physiological effect of the mixture makes it necessary to diminish the dose and to lengthen the time between the doses.

The prescription should be compounded in an 8-ounce graduating glass measure; as the effervescence which ensues between the salicylic acid and bicarbonate of potash renders it hazardous to mix in a glass bottle.

CHRONIC RHEUMATISM.

℞ Sod. iod., ... ʒv.
Lith. bromid., . . . ʒv.
Ext. colchic. acetici, . . gr. v.
Syrupus stillingiæ comp., . ʒij.
Tinct. cinchon., . . . ʒij.

M. Sig.: Teaspoonful three times a day before meals.—*Med. World.*

CHRONIC ARTICULAR AFFECTIONS.

℞ Iodide of potass.,
Extract of conium,
Extract of belladonna, . . āā 2.
Glycerole of starch, . . . 15.

Rub well into the affected parts several times a day.—J. SIMON, *Medical Abstract; The Prescription.*

CATARRHAL JAUNDICE.

In treating catarrh of the bile-ducts, good results are obtained from:—

℞ Sodii phosphat., . . . ʒiss.
Sodii salicylat., . . . ʒiij.
Aquæ destillat., . q. s. ut ft. ʒviij.

M. ft. sol. Sig.: Tablespoonful in half a tumblerful of water after each meal.—*Med. Summary.*

LAXATIVE PILL.

Dr. Gregg, in the Medical World, gives the following formula:—

℞ Hydrastis, ... gr. 1-4.
Ext. cas. sagrada, . . gr. 1-5.
Aloin, ... gr. 1-10.
Ext. belladonna, . . gr. 1-20.
Podophyllin, . . . gr. 1-10.
Xanthoxylin, . . . gr. 1-5.
Oil of peppermint, . . gr. 1-30.
Sulph. of strychnine, . . gr. 1-100.

Mix.

TÆNIACIDE MIXTURE.

Dr. J. Hobart Egbert, of Southampton, Mass., derives excellent results from a mixture of male fern and pomegranate, his formula being:—

℞ Oleoresinæ filicis maris, . ♏xxx.
Pelletierin tannatis, . . gr. j.
Glycerinæ, ... ʒss.

M. Sig.: To be taken in sweet milk immediately upon arising in the morning.

No breakfast should be eaten, and in the course of two or three hours a brisk cathartic should follow the above mixture. Here is a suitable combination:—

℞ Ol. tiglii, ... ♏j.
Ol. ricini, ... ʒss.
Chloroformi, . . . ♏xv.
Glycerinæ, ... ʒss.

M. Sig.: One dose.—*Med. Summary.*

PRURITUS VULVÆ.

Dr. Bullock recommends:—

℞ Aluminii nitras, . . . gr. xxiv.
Aquæ, ... ʒiv.

M. Sig.: Wash the parts once or twice a day and use as a vaginal injection in the same way. —*N. E. Med. Monthly.*

ACNE.

℞ Naphthol, ... 10 parts.
Precipitated sulphur, . . 50 "
Lanolin, ... 25 "
Green soap, . . . 25 "

M. Sig.: This should be thinly spread upon the skin, rubbed off in fifteen minutes, and the parts dusted with talc.—*London Medical Recorder.*

PRURITUS ANI.

Dr. Joseph M. Mathews, of Louisville, Ky., recommends:—

℞ Benz. oxide zinc oint., . ʒss.
Campho-phénique, . . ʒss.

M. Apply as often as necessary.

He frequently applies the agent, however, in its pure state, with no detriment to either the skin or mucous membrane, but with much benefit in eradicating the disease. Itching frequently disappears under its influence as by magic.

MOUTH-WASH.

℞ Saccharini, . . . gr. xxxviiss.
Acid. benzoici, . . gr. xlv.
Tr. rhataniæ, . . . ʒiij, ♏xlv.
Alcohol. absolut., . . ʒxxv.
Ol. menthæ pip., . . ♏viiss.
Ol. cinnamomi, . . ♏viiss.

M. Sig.: Three parts of this to 27 parts of a 4-per-cent. solution peroxide hydrogen.—DR. MILLER, in *Cosmos.*

SCABIES.

The following mixture is recommended as an efficient application in scabies:—

℞ Creolin, ... 1 part.
Peruvian balsam, . . 20 parts.
—*Med. Summary.*

AN EMULSION FOR TAPE-WORM.

La Semaine Médicale gives the following prescription of La Mere for the treatment of tape-worm:—

℞ Ext. of male fern, . . ʒiss.
Calomel, ... gr. vij.
Dist. water, . . . ʒss.
Syrup of gum arabic, . . ʒss.
Powd. gum arabic, q. s. to make an emulsion.

Before this mixture is administered it should be well shaken, and the patient should be directed, on the day previous to its use, to subsist entirely upon a milk diet. It is stated that the worm will be expelled in from thirty to forty minutes after the administration of this medicament, if these directions are carefully fol-

lowed. In children aged from 6 to 12 years, one-half of this quantity should be given.—*Med. News.*

DIPHTHERIA.

I. W. Kuznecow makes use of menthol and naphthaline in the local treatment of diphtheria, his formula being:—

℞ Menthol., . . . 3.75 (3j).
Alcohol., q. s. ad sol. et adde—
Solut. naphthalini, . . 3.75 (3j).
Ol. terebinthin., . . 7.5 (3ij).
Glycerini, . . . 7.5 (3ij).

M. Sig.: Shake well and paint parts twice to thrice daily.—*Allg. Mediz. Central Zeitung.*

SALOL IN INFANTILE DIARRHŒA.

Dr. Weber's formula is as follows:—

℞ Salol., ... gr. iij.
Tinct. opii, ... ♏j.

M. ft. tal. chart. q. s.
Sig.: One powder twice daily.

LEUCORRHŒA.

Dr. J. D. Elbert, of Dundee, Ind., advises a mixture thus composed:—

℞ Vaseline, ... ʒj.
Golden seal, ... 3j.
Listerine, ... 3j.

Mix all together and stir briskly while being warmed, to reduce the vaseline to a fluid state.

Sig.: Use freely on cotton tampon once or twice a day.—*Southern Med. Record; The Prescription.*

TO ABORT AN ABSCESS.

℞ Fl. ext. aconite,
Fl. ext. belladonna,
Fl. ext. opium,. . āā equal parts.

M. Sig.: Apply with brush as needed to cease pain; also give fluid extract phytolacca internally.—*Country Doctor.*

NEURALGIA AND RHEUMATISM.

℞ Tinct. iodine comp.,
Aquæ ammonia, . āā ʒiss.
Pulv. camphor, . . ʒij.
Chloroform, . . ʒss.

M. Sig.: Rubbed in three or four times a day.—Dr. Baltzell, in *Med. Summary.*

ANTI-NEURALGIC POMADE.

Dr. Bertrand (Med. Abstract) praises the following as a topical application:—

℞ Veratrine, . . . gr. v.
Muriate of morphine, . gr. iij.
Prepared lard, . . ʒj.

M. Sig.: To be applied with friction.

A STIMULATING COUGH-MIXTURE.

℞ Ol. terebinthin., . . ʒii–iij.
Mucil. acaciæ, . . q. s.
Aq. cinnamomi, . . ʒj.
Aquæ, . . q. s. ad ʒvj.

M. Sig.: A teaspoonful in a little water every four hours.—*Therap. Gazette.*

CAMPHOR-VINEGAR.

℞ Camphor, . . . 1 part.
Alcohol, ... 9 parts.
Acetic acid, dilute, . . 90 "

M. Sig.: Make a clear solution.—*Pharm. Record.*

ODONTALGIC PILLS—TOOTHACHE PILLS.

Yellow wax, . . . 1.5 grms.,

is melted together with

Almond-oil, . . . 0.5 grm.,

and

Powdered opium, . . . 1.0 "
Powd. belladonna-root, . 1.0 "
Powd. pyrethrum-root, . 1.0 "
Oil cajeput, . . . 3 drops,
Oil cloves, . . . 3 "

added, and the whole made into a mass and divided into 100 pills. One pill to be put into the hollow tooth.—*Pharm. Record.*

CREOLIN COVERS THE ODOR OF IODOFORM.

℞ Iodoform, . . . 30 grains.
Creolin, ... 15 "
Vaseline, . . . 6 drachms.

—*Prov. Med. Journal.*

OINTMENT FOR PRURITUS ANI.

℞ Hydrargyri bichlorid., . gr. iss.
Ammonii muriat., . . gr. ij.
Acidi carbolic., . . 3j.
Glycerini, . . . ʒij.
Aquæ rosæ, . q. s. ad ʒvj.

M. Sig: Apply locally, morning and evening.—*St. Louis Med. and Surg. Journal.*

ERYSIPELAS.

Dr. Trapesnikow obtained good results from the following local application:—

℞ Acidi carbolici, . . . gr. xxx.
Ol. terebinth., . . . ʒvij, gr. iij.

M. Sig.: Apply to parts hourly.—*Med. Zeitung.*

SPRAY FOR ACUTE CORYZA.

℞ Menthol, ... 1 part.
Liq. alboline, . . . 30 parts.

FOR LARYNGEAL TUBERCULOSIS.

Dr. Cozzolino recommends the following, in the form of a spray:—

℞ Aq. destillat., . grms. 300 (f ℥ x).
Alcohol rectificat., grms. 10–15 (f ℥iiss).
Menthol, . . cgms. 50–80 (gr. viii–xij).
Balsam Peru, . grms. 5–10 (℥i¼–iiss).

The application is to be made four times daily, or a powder may be applied by the patient himself by means of an insufflator. A serviceable combination is :—

℞ Calc. phosphate, . grms. 10 (℥iiss).
Iodoform. pulverisat., grms. 5 (℥i¼).
Acid. boric., . . grms. 2 (gr. xxx).
Menthol, . . cgms. 40–80 (gr. ss–j).

CREOLIN IN ERYSIPELAS AND ECZEMA.

Dr. Rothe advises a creolin ointment containing :—

℞ Creolin, ... 1½ parts.
Creta præp.,
Axung. porc., . . āā 15 "
Ol. menth. pip., . . . gtt. 5.

PROFUSE SWEATING (UNNA).

R Ichthyol,
Turpentine, . . . āā 1.
Ointment of oxide of zinc, . 2.

FOR BUNIONS.

Fraser, in the Medical World, gives the following formula:—

℞ Olivæ, q. s.
Potassa nitratis pulv., q. s. to saturate.

Sig.: Apply locally and bind a compress soaked in it on retiring. This will relieve the pain.

BROMOFORM IN WHOOPING-COUGH.

Nauwelœrs uses this drug in the following formula :—

℞ Bromoform, . . . gtt. xx.
Alcohol, ... ℥iiss.
Sol. gum trag.,
Syr. tolu., . . . āā ℥ij.
M. Sig. : One teaspoonful every hour.

The mixture should be well shaken before administration, and should be kept in a well-corked bottle.—*Bost. Med. and Surg. Rep.*

RHEUMATISM.

Dr. Conger, in New England Medical Monthly, advises a mixture thus composed :—

℞ Pot. iodide, . . . ℥iiss.
Tr. cimicifuga, . . ℥iss.
Vin. colch. sem., . . ℥j.
Fl. ext. henbane, . . ℥ss.
Simple syrup, . . . ℥v.

M. Sig.: Teaspoonful well diluted with water every four hours.

ABORTING PNEUMONIA.

Dr. O. J. Roskoten states that in acute lobar pneumonia he has met with success in aborting the extension of the inflammation by the use of the following formula :—

℞ Ext. jaborandi fl., . . . ℥iij.
Liq. ammon. acet., . . ℥j.
Tinct. aromat., . . . ℥ij.
Syrupi aromat., . . . ℥j.
Aquæ dest., . . q. s. ut ft. ℥iv.

M. Sig.: Tablespoonful every hour until thorough effect, then half-doses every two hours. —*Med. Record ; The Prescription.*

HÆMORRHOIDS.

℞ Cocaine muriat, . . . gr. v.
Morphinæ sulph., . . . gr. iv.
Atropinæ sulph., . . . gr. ij.
Pinus Canadensis (dark), . ℥j.

M. Sig.: Apply after each evacuation of bowels. Contents of bowel should be kept in soluble condition.—*Ibid.*

FOR PAINLESS UTERINE DILATATION.

℞ Sulphuric ether, . . ℥iij.
Iodoform, . . . ℥iij.
Pure cocaine, . . . ℥j.

M. Steep in this the laminaria tents for eight days.—*The Times and Register.*

WHOOPING-COUGH.

A favorite prescription of Dr. W. R. D. Blackwood is :—

℞ Fl. ext. castanea vesca, . ℥iij.
Tr. asafœtida, . . . ℥ij.
Syr. prunus Virg., . ad ℥ij.
M. Sig.: Teaspoonful every three hours.

He uses additionally for a child 1 year old 1 grain of antipyrin four times daily, given in the intervals of the above mixture. Larger doses of antipyrin are given to older children, in proportion to their age.

ALCOHOLISM.

℞ Tr. capsici, . . . ℥ss.
Tr. nucis vomicæ, . . ℥ss.
Tr. acidi nit. dil., . . ℥j.
Aquæ, . . . ℥ij.
M. Sig.: Teaspoonful three times daily.—*Country Doctor.*

TETANUS.

℞ Hydrochlorate of morphine, gr. 1-6.
Chloral, ... gr. xv.
Bromide of sodium, . . gr. xx.

Make into 1 powder, which should be wrapped in wax-paper ; give from 3 to 6 of these powders each day.—*La Semaine Médicale.*

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Publisher.
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Philadelphia, Dec., 1891.

LUPUS VULGARIS ERYTHEMATODES.

UNDER this title Professor H. Leloir, so widely known as a clinician and pathologist, has recently described an atypical form of lupus vulgaris.* Though certain authors look upon lupus vulgaris and erythematosus as but two varieties of the same affection, viz., cutaneous tuberculosis, yet the symptoms, course, and pathology of the two diseases are, in general, so distinctive as to forbid such an assumption. It is not, however, the clearly marked cases that render the study of dermatology often so puzzling and yet so interesting. In the pamphlet before us, Professor Leloir describes certain cases of lupus vulgaris which simulate lupus erythematosus. This occurs when the infiltration is confluent, extended, and situated in the superficial layers of the skin. The form of disease described usually attacks the face, but in exceptional cases is seen upon the neck and trunk. It appears in the form of a patch, sometimes two or three patches, upon the cheek, and is generally unilateral. Occasionally the nose and both cheeks are invaded in such a manner as to produce the outline of a bat or butterfly, usually distinctive of erythematous lupus. The patches are of a more or less bright shade of red, and partially disappear upon pressure. When closely observed, the surface appears as if marbled with brownish-red or violaceous streaks, in the meshes of which are seen small, whitish or yellowish spots. Sometimes fine, vascular arborizations exist, especially at the periphery of the patch. The erythematous surface may desquamate slightly, or even become covered with small crusts. The patch projects slightly, particularly at its circumference, while the centre may be drawn inward by the tendency to cicatrization by interstitial absorption. When the skin of regions in which the affection is actively spreading is put upon the stretch, yellowish, miliary nodules may often be perceived. These nodules are of the gelatinous consistence characteristic of lupus vulgaris. They may be very few in number, and are generally more apparent during the evolution of the disease. Nevertheless, when the patch itself is grasped between the fingers, it is found to be the seat of a deep and hard infiltration, which, in some instances, may be of almost cartilaginous consistency.

Lupus vulgaris erythematodes develops very slowly, spreads widely, and manifests a centrifugal disposition. It is of stubborn character and difficult to cure, notwithstanding its comparatively benign appearance. Professor Leloir believes it rare among children, but more frequent among adults and aged persons.

The lesions never ulcerate. They may invade the hairy scalp, though, as in typical lupus vulgaris, this localization is rare. The author in 2 cases saw enlargement of the submaxillary glands without suppuration accompanying the disease of the face.

The malady may persist for years. It may invade the mucous membrane of the mouth, manifesting itself in the form of a deep, red spot, with a hard base, slightly depressed at the centre; a surface, so to speak, unpolished, exhibiting here and there certain punctiform excoriations, with a whitish border, and surrounded by a sort of areola.

That the form of disease portrayed is, indeed, but an atypical form of lupus vulgaris, Professor Leloir was able to assure himself by the result of experimental inoculations, bacteriological researches, and pathological investigation. Inoculations were made in 6 cases, 4 of which affected the skin and 2 the mucous membrane. They were made in the peritoneal cavity of guinea-pigs, and all were positive. According to his method, the author made use of large pieces of diseased tissue in

* Le Lupus Vulgaire Erythématoide. Par le Professeur H. Leloir. Extrait du Journal des Maladies Cutanées et Syphilitiques, Mai, 1891.

his experiments. He took care also to operate while the malady was in its stage of evolution. Bacilli were detected in sections, though, as in classical lupus, they were few in number.

The pathological histology of this form of lupus is related both to true lupus vulgaris and true lupus erythematosus. The writer observed an infiltration of embryonic cells invading, at times, the superficial portion of the derm, again its upper third, and even the entire thickness. Prolongations from this infiltration often descended, by way of the vessels and glands, to the subcutaneous tissue. Constantly, in certain cases, and even in some sections made from the same case, the writer witnessed diffuse infiltrations of embryonic cells of unequal vitality and mixed with sanguineous infiltration, just as he had described in cases of true erythematous lupus. A few giant-cells were also found in the sections. In different patients, in preparations made from different pieces excised from the same patient, in different sections of the same nodule, or, finally, in different parts of the same section, the lesions of lupus erythematosus were found mixed with those of classical lupus vulgaris.

SYPHILITIC MANIFESTATIONS UPON THE PHARYNGEAL AND PRE-EPIGLOTTIC TONSILS.

AN interesting memoir upon certain localizations of syphilis, written by Drs. E. J. Moure, of Bordeaux, and V. Raulin, his former *chef de clinique*,* is well worthy of perusal. Professor Moure is well known in this country as an acute clinical observer, a competent teacher, and editor of an excellent journal (Revue de Laryngologie, d'Otologie, et de Rhinologie), to whose pages we are often indebted for valuable excerpts. The writers have sought to ascertain the condition of those lymphoid collections during syphilitic infection, more particularly during the secondary period. They believe, as a result of their observations, that these glands undergo modifications of sufficient importance to merit special description.

* Contribution à l'Etude des Manifestations de la Syphilis sur les Tonsilles Pharyngée et Préépiglottique (3me et 4me Amygdales). Par le Docteurs E. J. Moure and V. Raulin. Paris: Octave Doin, 1891.

The lymphoid elements upon the posterior surface of the velum palati may be regarded as the final ramifications of the tonsil at the vault of the naso-pharynx. The presence of such tissue in this situation bears an important relation to the development of tertiary ulcerations. From the lower border of each main tonsil scattered glandular follicles may be traced to the base of the tongue. Those upon the tongue occupy the posterior fourth of the mucous membrane of that organ, in its vertical part behind the V-shaped papillæ, immediately in front of the epiglottis. Very variable in number and size, they may acquire an importance sufficiently considerable to warrant the title of fourth tonsil. From the study of several unreported cases the authors of the pamphlet to which we have made reference conclude that secondary syphilis may determine two varieties of lesions in these follicles, viz., inflammation with increase of volume or the same process with the formation of mucous patches. In the tertiary stage they may be the seat of gummy infiltrations, which form the starting-points of ulcerations. Although hypertrophy of the tonsils has been described by many writers as a consequence of secondary syphilis, the involvement of the scattered follicles seated upon the base of the tongue and in the naso-pharyngeal region has been hitherto overlooked. Yet these masses are, in some subjects, quite large and numerous.

In addition to the specific diathesis determining disease of these glands, other agents co-operate in its development. The manifestations are more frequent in the young, and especially in young men. The habit of smoking tobacco is a chief assistant in their production. Diet, also, has an influence; and highly-seasoned food, preserves, salt fish, shell fish, and alcoholic liquors should be avoided. Abuse of the voice is an etiological factor of importance.

When the base of the tongue is attacked the functional symptoms are of little importance, and consist, in a sense, of swelling or of the presence of a foreign body, with pain which sometimes shoots into the ears. The objective signs have a much higher value. Two anatomical varieties can be distinguished, in the first of which a series of projections exist,

while in the second a single tumor is found, either in the middle line or to one side. Other varieties sometimes occur, and seem to depend upon the disposition and size of the follicles before the acquisition of syphilis.

When the third tonsil is involved, two very different classes of symptoms are produced, according to whether it alone is involved or its lateral prolongations. In the former case the voice is nasal, respiration through the nose is difficult, the secretions of the naso-pharynx are increased, and give rise to cough, nausea, or vomiting; in the latter the patients complain of intermittent pain in the ears, humming sounds in the ears, and impaired hearing. Examination shows that the gland presents the appearance of a nodose and bossellated tumor, of a grayish surface, partially covered with secretions and partly with grayish, almost pseudo-membranous mucous patches.

The diagnosis of secondary manifestations is generally easy. The presence of mucous patches upon the vault of the palate, tonsils, or half-arches will enlighten us as to the nature of those located upon the surface of the hypertrophied follicles, and enable us to eliminate simple, non-specific hypertrophy. If the patient comes under observation at a time when no plaques are existent, alopecia and the cutaneous eruptions testify as to the nature of the case.

The prognosis is favorable, except as regards the ears. The lesions upon the base of the tongue and the pharyngeal vault are easily cured by appropriate medication. Those situated around the orifice of the Eustachian tube do not, unfortunately, yield so readily, since they are less accessible to local treatment.

General treatment is, of course, the most important. The authors prefer a mixture of biniodide of mercury, with iodide of potassium. In case the latter ingredient is badly tolerated they give a combination of protiodide of mercury, with opium and quinine. Hygienic treatment and regulation of diet are also of importance. Topically, to lesions of the base of the tongue, they apply a mixture composed of 25 centigrammes of metallic iodine, 30 of iodide of potassium, 2 grammes of Sydenham's laudanum, with 45 to 60 grammes of glycerin or water. The affected spots are touched with this solution once daily, and a teaspoonful added to a glass of lukewarm water is directed to be used as a gargle after each meal.

Recent manifestations in the naso-pharyngeal cavity may be treated by means of the same application or by pulverizations with a liquid consisting of 3 grammes of resorcin, 5 grammes of boric acid, 50 grammes of pure glycerin, and 450 grammes of water. The pulverizations are made twice a day.

If hypertrophy of the adenoid tissue continues too long, and is due to fibrous infiltration consecutive to chronic inflammation, internal medication will not always be sufficient, but must be supplemented by surgical procedures. Galvano-cautery yields excellent results.

MEDICAL NEWS AND MISCELLANY.

Dr. A. E. Roussel has removed to 2112 Pine Street, Philadelphia.

Dr. Delastre, of Brides-les-Bains, has been named of the Order of Christ, of Portugal.

Dr. T. D. Myers has removed his office to his residence, 1703 Locust Street, Philadelphia.

S. Dickson Barr, M.D., has located at 1419 Walnut Street, Philadelphia. Office hours: 9 A.M. to 1 P.M.

The American Rhinological Association held its ninth annual meeting at Indianapolis, Ind., October 6th, 7th, and 8th.

Dr. George Dock succeeds Dr. Christopher as Professor of Practice of Medicine in the University of Michigan.

The Municipal Council of Paris has appropriated 500 francs ($100) as a subscription to the memorial of Ricord.—*Ex.*

Dr. D. A. Foote, the editor of the Omaha Medical and Surgical Record, was recently married to Miss Baird, of Holly, Mich.

Dr. Henry H. Battey, of Rome, Ga., a son of the distinguished gynæcologist, was married October 1st to Miss Sinclair, of Detroit.

The Medical Department of the University of Texas starts out with a full line of new professors, whose official salaries range from $2500 to $3000.

Prof. Senn delivered an address before the last meeting of the New York State Medical Association, upon "The Surgical Treatment of Pyloric Stenosis."

PROFESSOR JOHN J. REESE has resigned the chair he has so long filled in the University of Pennsylvania. His successor has not yet been appointed.

PROF. AUGUSTUS DIXON has been appointed to the Chair of Chemistry in Queen's College, Cork, vacant by the resignation of Professor Maxwell Simpson, F.R.S.

THE Fifteenth Congress of the Italian Medical Society will be held in 1893, at Milan. Prof. Guido Baccelli has been chosen President of the Committee of Arrangements.

A MEDICAL CONSUL.—Dr. Jeremiah Coughlin, of Brooklyn, has been appointed by the President to be Secretary of Legation and Consul-General of the United States at Bogotá.

DR. ALLEN J. SMITH, Assistant Demonstrator of Pathology at the University of Pennsylvania, has been elected Professor of Pathology, Bacteriology, and Histology in the University of Texas, Galveston.

DR. R. H. FITZ, of Boston, has published a final statement of the contributions received by the American Committee on behalf of the "Virchow Testimonial Fund," showing that $1660.69 had been collected.

DR. OUCHTERLONY, of Louisville, has presented to the Catholic University at Washington, D. C., a large and valuable archæological collection illustrating the prehistoric antiquities of the Mississippi valley.

A MEDICAL man in Rome recently brought to light some interesting specimens of ancient dentistry and artificial teeth in skulls from different Etruscan tombs, dating back as far as six centuries B.C.—*Med. Times.*

DR. THOS. F. RUMBOLD, of St. Louis, is now sojourning in California. Twenty-five years' exclusive office practice has undermined his health. He will remain there a year longer. His address is San Francisco, Hotel Pleasanton.

THE Alumni Association of Jefferson Medical College gave a dinner at the Hotel Bellevue, Tuesday evening, November 24th, at 7.30 o'clock, to Professrs Morris Longstreth, H. A. Hare, and James C. Wilson, in honor of their election.

CHANGE OF OFFICE HOURS.—Dr. William Easterly Ashton, 338 South Fifteenth Street, Philadelphia. Office hours: 8.30 to 10.30 A.M., 3 to 4 and 6 to 6.45 P.M. Sundays, 3 P.M. Send night-messages and calls to 222 South Eighth Street.

DR. GROUT, of Petit-Quevilly (Seine-Inférieure), has been created Chevalier of the Legion of Honor. Admitted to the Doctorate in 1826, he highly distinguished himself during the cholera epidemic of 1832. He was for thirty years Secretary of the Medical Society of Rouen.

DR. J. L. A. BURRELL, of Williamsport, Pa., died, October 24th, of intestinal perforation. He graduated at the University of Pennsylvania in 1877, and had practiced in Williamsport for twelve years, winning the highest esteem of the profession and the community at large.

A TYROLESE surgeon, in trying to extract a bean from a boy's ear, broke the drum; inflammation ensued, and the boy died. The surgeon was censured by the Innspruck Faculty of Medicine, and required to submit to an examination in surgery before resuming practice.—*Times and Register.*

DETROIT ACADEMY OF MEDICINE.—The annual meeting was held Tuesday, September 8. Dr. W. P. Manton was elected President for the ensuing year. Dr. W. B. Sprague, the retiring president, entertained the Society and a large number of invited guests at a banquet at the Wayne Hotel.

THE REV. FRANCIS PAGET, D.D., second son of Sir James Paget, has been appointed Dean of Christ Church, Oxford, in succession to Dr. Liddell. It will be a satisfaction to Sir James Paget's many friends to be able to congratulate him on the very high position so early attained by a distinguished member of his family.—*Brit. Med. Journal.*

DR. JOHN M. KEATING has concluded to open an office and resume his practice in Colorado Springs, limiting himself to the treatment of diseases of women, both medical and surgical, and to consultation practice in the diseases of children. He announces that he will confine himself exclusively to the departments stated, and undertake any practice of this nature in which the services of a specialist will be required.

NEW RUSSIAN PHARMACOPŒIA.—A new Russian Pharmacopœia is now in press, and will shortly be published. Considerable changes have been made in the text, especially as regards the tests for the purity of drugs. Of the 1026 articles contained in the last (third) edition, 318 have been omitted. On the other hand, 100 new ones have been added; so that the total number in the present edition is 808.

BRIGADIER-GENERAL JOSEPH B. BROWN, Surgeon U. S. Army (retired), died October 21, 1891, at his home, in Albion, N. Y. Dr. Brown rendered conspicuous service in the late civil war, and was Medical Director of Keyes's (the fourth) and Franklin's (the sixth) Army Corps during McClellan's peninsular campaign. Dr. Brown received his Brevet Brigadier-General for meritorious service during an epidemic of yellow fever several years ago.

FACULTY CHANGES IN THE KANSAS MEDICAL COLLEGE.—Dr. G. O. Morgridge, formerly of the College of Physicians and Surgeons, Keokuk,

Iowa, has been elected to the chair of Pathology, Histology, and Microscopy, Dr. Williamson having resigned. Dr. W. E. McVey has been transferred from the Chair of Chemistry to Diseases of the Chest and Physical Diagnosis; Dr. H. L. Alkire, from Lecturer on Chemistry to Professor of Chemistry. Dr. H. M. Smith, formerly Prosector in the Chicago Medical College, has been elected Demonstrator of Anatomy, Dr. Bradley having resigned. Dr. W. S. Bunn, of Lawrence, Lecturer on Medical Botany.

LEJARS—LE FORT.—A pleasant ceremony took place in Paris, July 25, and was notable as linking together three generations of surgeons. Dr. Lejars, surgeon to the hospitals of Paris, was united in marriage to Mademoiselle Le Fort, daughter of Professor Leon Le Fort, of the Faculty of Medicine, Member of the Academy of Medicine, and granddaughter of Madame Malgaigne, widow of the celebrated surgeon. May the career of the groom be long, prosperous, and renowned; may the newly-erected home be full of love and happiness!

DR. CHRISTOPHER JOHNSTON, of Baltimore, died October 11th, in his 70th year. He was an alumnus of the University of Maryland in the year 1844. He was chosen to a chair in his alma mater in 1864, and built up a fine reputation as an artistic and instructive teacher, having great facility with pencil and brush. In 1870 he succeeded the late Nathan R. Smith to the much-coveted chair of surgery. For a decade at least he was regarded as among the first in this branch; in his studies he showed a strong preference to microscopy and pathology. He was a frequent contributor to the Medico-Chirurgical Faculty of Maryland, being its president in 1876. He was a member of this Association from 1855.

DEATH BY ANTIKAMNIA.—Dr. E. P. Easley, New Albany, Ind., reports the following case: Mrs. Z., a stout, robust woman, weighing 165 pounds, 22 years old, took by mistake, for a slight headache, 24 grains of antikamnia. In a few minutes she became wildly delirious, then unconscious, and died in ten hours after swallowing the medicine. A careful, methodical, post-mortem examination failed to discover any lesion, death being the result of the action of the drug alone. The greater portion of her body was cyanosed. The membranes of the brain were of a sky-blue color, as were all the fibrous structures wherever found. The right ventricle was filled with clotted blood, very much bleached.—*Am. Pract. and News.*

THE DENTAL PRACTITIONER AND ADVERTISER.—By the withdrawal of Dr. Theo. G. Lewis, for twenty-two years editor of the Dental Advertiser, that journal has been enlarged and its management confided to W. C. Barret, M.D., D.D.S., who made the Independent Practitioner the power in dentistry that it became, and who will assume charge of the periodical, January 1, 1892. At the same time the title of the journal will be changed to The Dental Practitioner and Advertiser. For the present it will be issued as a quarterly, but it is not improbable that in the near future it will be sent out more frequently. The publication will be issued by the Buffalo Dental Manufacturing Company, 587 and 589 Main Street, Buffalo, N. Y.

THE Semi-Annual Meeting of the Camden County Medical Society was held at the Haddon House, Haddonfield, N. J., Tuesday, November 10, 1891. The Society was organized in Haddonfield, August 15, 1846. A case of "Gun-shot Wound of the Head" was reported by Dr. J. Wills, and a "Report on Diphtheria and its Treatment" offered by Dr. O. W. Braymer. At the dinner the following sentiments were proposed: "Reminiscences of Camden County Medical Society," Dr. John Stevenson; "Law *vs.* Medicine," Hon. Chas. G. Garrison; "The Physician in Literature," Dr. E. L. B. Godfrey; "The Pulpit," Dr. Tidball; "State Medicine and Medical Organization," Dr. O. Gross; "Modern Surgery," Dr. D. Benjamin; "Modern Medicine," Dr. Strock; "The Press," H. L. Bonsall; "The Daily Reporters," G. Frey.

DEATH OF PROF. FLEISCHL V. MARXOW.—We regret to announce the death of Dr. Ernst Fleischl von Marxow, Extraordinary Professor of Physiology in the University of Vienna, and formerly assistant to Brücke, which took place on October 22d, after a long illness. Professor von Fleischl, who was in his 46th year, qualified as Privatdocent in physiology in 1873, and was appointed Extraordinary Professor in 1880. He was well known to physiologists throughout the world by his numerous publications on the circulatory apparatus, the process of digestion, the nervous system, etc. He was also the inventor of a useful hæmometer, which is largely used by German clinicians. Though often suffering great pain, Professor von Fleischl continued his scientific investigations with heroic fortitude, almost to the last moment of his life.—*British Med. Journal.*

MEDICO-CHIRURGICAL HOSPITAL.—The opening, on Tuesday, November 10, of the enlarged and remodeled Medico-Chirurgical Hospital, on Cherry Street, below Eighteenth, was signalized by most interesting exercises and the attendance of a large company of the friends of the institution. The interior of the building was handsomely decorated with flags, bunting, and potted plants, and presented an attractive appearance. From 2 until 5 o'clock in the afternoon the hospital was open for inspection

and was visited by hundreds of people. The opening exercises proper began shortly after 8 o'clock in the evening, and were held in the wide hall-way, under the light-well, which extends from the first floor to the lantern on the sixth. Col. John P. Nicholson presided, and opened the proceedings by introducing to the audience the architect of the building, Mr. Charles M. Burns, who, in a brief speech, handed over to Professor H. I. Dorr, Chairman of the Building Committee, the keys of the completed structure.

Professor Dorr, in accepting the building, said he did so with much gratification. The innovation which had been introduced contributed not only to its comeliness, but to the three great indispensable qualities of stability, utility, and beauty.

Professor Dorr then turned the property over to the trustees and managers, and in doing so gave a detailed account of the building and its various appurtenances, and spoke of the many difficulties and obstacles encountered in the consummation of the work. The beauty of the edifice in its present condition, he said, was chiefly in its exterior, the front of which is built of stone and brick, the two base stories being entirely composed of stone which was obtained from quarries near Bear Creek, in this State, and which should be termed, properly, red syenite. The stone was furnished by General Paul A. Oliver, at one-half its original cost. For this generosity the hospital, he said, was indebted to Professor Peter D. Keyser, through whom General Oliver became interested in the work.

"While we have much to be thankful for," said the speaker, "in what has been accomplished, much still remains to be done, notably the procuring of a hospital amphitheatre for the requisite surgical accommodations for special operations, as well as for other purposes in the interest of the hospital. We have this evening been forcibly reminded of the desirability of such an indispensable adjunct, but none can fully realize its necessity save those who are called upon to perform grave surgical operations and watch with painful solicitude the removal of patients to and from a neighboring surgical amphitheatre. Knowing how much we are indebted to the ladies of our excellent Board of Managers, upon whom we have learned to depend with confidence at all times and in all emergencies, I regret exceedingly that the internal arrangements of the hospital are destitute of the machinery necessary for the utilization of steam in the laundry, as well as other desirable features for convenience and economy. For the unfinished work I make no apology, but trust that its mute appeal will find a hearty response in your charitable hearts. It affords me pleasure to here acknowledge our many obligations to the builders, Arthur Williams's Sons, for patience, kindness, and financial aid. I cannot let this opportunity pass without publicly acknowledging my most profound gratitude for the valuable counsel, assistance, and kind indulgence of my associates of the Building Committee, Professors Montgomery and Shoemaker and Colonel Nicholson, gentlemen who have rendered as faithful and invaluable service as members of this committee as they are known to have rendered as members of the Board of Trustees. The genial fellowship and harmony existing throughout the association of this committee, and which has not been marred by even a single unpleasant incident, will form one of the most pleasing reminiscences of my life."

In conclusion he said: "We return, Mr. President, to the Board of Trustees this hospital building in exchange for the one received at your hands, with a commission to enlarge and improve. Accept it as the best result we were able to attain, under the circumstances, with the hope that, under your fostering care, ability, and influence, its equipment and the character and extent of its usefulness may not be excelled by any similar institution."

The acceptance of the building on behalf of the trustees was by Colonel Nicholson, who alluded to the untiring labors of the Building Committee in furthering the work, and who only wished that he had a heart of fire and lips of flame to express how deeply the Trustees realized the sacrifices made by all concerned.

Addresses were also made by Rev. Dr. S. D. McConnell, Rev. Dr. M. M. Jastrow, Professor Joseph M. Matthews, of Louisville, Kentucky; Major W. H. Lambert, and the Rev. Dr. H. C. McCook, who closed the exercises with a benediction.

Then the assemblage dispersed to inspect the wards and the private rooms, which have been endowed or furnished as follows: Mr. and Mrs. Kendall, the actors' bed; Mr. and Mrs. King; Professor Fetter, in memory of his wife; Mrs. Carolina Wenz, in memory of her mother; Mr. Arthur Williams, in memory of his father and mother; Mrs. Simon Pfaelzer, Professor John V. Shoemaker, Professor William Pancoast; the Class of 1893 of the Medico-Chirurgical College; Mrs. John Eckfeldt, in memory of her mother; Mrs. Laura D. Wilt, Professor and Mrs. Montgomery, Professor and Mrs. Keyser.—*Philadelphia Public Ledger*, November 11.

CONGRESS OF ALIENISTS IN ITALY.—The Seventh Congress of the Società Freniatrica Italiana, which first met at Rome in 1873, was held at Milan on September 9th. About 100 members took part in the proceedings. The inaugural address was delivered by Professor Verga, Senator of the Kingdom of Italy.—*Brit. Med. Journ.*

Among the most valuable literary gifts to Professor Virchow on his 70th birthday were two collections of hitherto unpublished scientific researches and essays. The first collection was the work of Virchow's former and present assistants. Professor O. Liebreich presented the volume,—a handsome quarto containing contributions by Hoppe-Seyler, v. Recklinghausen, Klebs, O. Liebreich, M. Roth, Salkowski, J. Orth, Jürgens, Grawitz, O. Israel, Langhans, and David Hausemann. The other collection is in the shape of three goodly volumes. Amongst the authors of the fifty-four papers are: Sir Joseph Lister, Sir James Paget, Horsley, Semon, Pio Foà, Bizzozero, Sangalli, Marchiafava, Celli, Popoff, Ivanowsky, Wood, Jacoby, Bouchard, Metschnikoff, Miura, Stockvis, Retzius, Ackermann, Gerhardt, Leyden, Nothnagel, Rindfleisch, Senator, v. Ziemssen, Ziegler, and Hans Virchow.

The Emperor has conferred on Professor von Helmholtz the title of "Wirklicher Geheimer Rath" and "Excellency." The distinction was announced to Helmholtz by a telegram from the Emperor, in which he says: "Your whole life has been given to the service of humanity, for whose benefit you have made a great number of glorious discoveries. Your mind, always directed to the purest and highest ideals, in its high flight left politics and party strife far behind. I and my people are proud to call so distinguished a man ours. I have chosen the birthday of my dearly-beloved and never-forgotten father for this mark of appreciation, knowing well how highly he valued you, and how devoted a friend and subject you were to him. May God long preserve your life for the good of Germany and the entire world."—Berlin letter in *British Med. Monthly*.

The Denver University medical faculty is as follows: William McDowell, A.M., S.T.B., Ph.D., Chancellor; J. C. Davis, M.D., Dean; W. E. Wilson, M.D., Vice-President; S. A. Fisk, A.M., M.D., Secretary; H. K. Steele, A.M., M.D., Emeritus Professor of the Principles and Practice of Surgery; J. W. Graham, M.D., Emeritus Professor of Medicine; J. F. Bancroft, M.D., Professor of Fractures and Dislocations; J. C. Davis, M.D., Professor of the Principles and Practice of Surgery; C. M. Parker, M.D., Professor of the Practice of Medicine; A. Stedman, M.D., Professor of Obstetrics and Puerperal Diseases; O. J. Pfeiffer, M.D., Professor of Orthopædic Surgery and Clinical Surgery; J. A. Sewall, M.D., LL.D., Professor of Chemistry; A. K. Worthington, M.D., Professor of Anatomy; Charles Denison, A.M., M.D., Professor of Diseases of the Chest and of Climatology; W. E. Wilson, M.D., Professor of Materia Medica, Therapeutics, and the Diseases of Children; S. A. Fisk, A.M., M.D., Professor of the Practice of Medicine; Edmund J. A. Rogers, M.D., Professor of Clinical Surgery and Adjunct Professor of Principles and Practice of Surgery; E. C. Rivers, M.D., Professor of Ophthalmology and Otology; H. H. Howland, M.D., Professor of Laryngology.

Dr. E. Arnold Praeger, of Nanaimo, B.C., read the address on Surgery at the recent meeting of the Canadian Medical Association. It was an able exposition of the present position of spinal surgery.

Tooth-Extraction by the Fingers.—A correspondent of the Archives of Dentistry, referring to the unpleasant impression made on dental patients by the sight of forceps, recommends instruction in the art of extraction, as practiced in Japan. "There," says the writer, "the dentist extracts every tooth, be it upper or lower, incisor or molar, without the use of an instrument, his fingers having been trained to take the part of forceps. It may seem incredible, but it is, nevertheless, a fact, that the Japanese dentist is more proficient in this particular branch of our art than his European or American brethren, and here is the way he arrives at his proficiency: In a board of soft wood holes are drilled, and in the holes pegs are inserted loosely. The board is laid on the floor, and the apprentice tries to pull out every peg perpendicularly without in the least disturbing the position of the board, using the thumb and forefinger of his right hand; able to do this, the pegs are inserted tighter, the thumb and forefinger gaining strength and dexterity in manipulation as he keeps on practicing. Having perfected himself at the pine board, an oak board is substituted, the oak pegs being driven in tightly. There he practices for weeks and months, till, finally, the oak pegs succumb to the skill and power of his fingers. The third and last term comprises the extracting of maple pegs, very tightly fastened into a maple block. Passing the required examination at this block, he is graduated and sent forth to try and pull 'human pegs.' There we see him take a position similar to one we would assume, hold the jaw, and keep the mouth open with his left hand, whilst with the two fingers of his right he passes into the mouth and extracts, if necessary, five to seven teeth in a minute."—*Druggists' Circular.*

Lesions of the Heart in Intermittent Fever.—In the first degree the patients complain, at the end of an excess of fever, of palpitations, dyspnœa, of divers malaises, with a sensation of thoracic constriction. Notwithstanding the frequency and inequality of the cardiac pulsations, we do not find any abnormal sounds.

The second degree is characterized by a permanent dyspnœa, weakness, thoracic constric-

tion, attacks of palpitation, and acute pain in the cardiac region. The sounds are greatly accentuated, but there is no murmur; there is occasionally noticed a thrill on palpitation.

The third degree is noted by the apparition of an organic affection, which consists either in a simple hypertrophy without valvular lesions, or of a valvular lesion without hypertrophy. In the latter case we have an aortic narrowing of an insufficiency of the auricular and ventricular valves.

Of 57 observations collected by Ranzier in a single year, he noted these cardiac symptoms in 17 cases.—DR. SICARD, in *Revue de Thérapeutique.*

ANOTHER missionary is said to have fallen a victim to leprosy in the person of Miss S. P. Reed, of Ohio. Having suspected, while in India, the nature of her disease, she placed herself under medical treatment in Cincinnati during a visit to her home. When convinced that she was suffering from leprosy she made preparations to return to the land where she could work, and where her presence would not be a constant menace to all around her.—*Philadelphia Inquirer.*

DR. W. G. B. HARLAND, senior resident physician of the Germantown Hospital, has concluded to retire December 1st. The doctor will make a tour of Europe, and visit medical and surgical institutions. He will be succeeded by Dr. Clayton, assistant resident physician, and the latter's position will be filled by Dr. Boyer, of the Norristown Charitable Hospital.

HOW HE FOUND IT.—Convict (reading a work on physiology)—"Man starts from a cell." That's a fraud. It should be man gets into a cell.—*New York Press.*

DR. J. H. T. MAIN, of Fort Smith, Ark., died on October 1st.

THE French Republic has conferred a medal on a Lyons physician for the devotion and skill displayed by him during an epidemic of diphtheria. Many a physician has received a crown of martyrdom for the same reasons.

LEPRA AT HANOI (TONQUIN).—Boinet (Revue de Médecine, Medical Chronicle, 1890) finds that the disease exists along the water-courses, and that mud is a probable carrier of infection to the naked feet of the poor, the earth being impregnated by the sputa, crusts, and discharges from the lepers. The soil of the cemetery of Hanoi was found to be highly charged with the bacilli, the mode of burial being extremely careless. Native physicians scarcely acknowledge heredity. In the 80 cases examined, absence of heredity was found in 61. The chiefs of the villages, forty years resident, deny having seen any case directly transmitted; nor are they themselves afflicted. Healthy young girls marry lepers and fail to contract the disease. A case is given in which grandfather and grandmother are lepers, while the father and five children, who have constantly lived in the community, have escaped. The 80 cases established the possibility of direct contagion in 51. Children of lepers, removed soon after birth to an unaffected district, remain free from the disease, while their brothers and sisters, living in the leper community, contract it. Such children, returning in adult life to the community from which they sprang, presently develop symptoms. The theory of the infection by means of the mosquito is regarded as being by no means impossible. The bacillus can find entrance into the mosquito, and has been found in human blood. —*American Journal Medical Sciences; Med. and Surg. Rep.*

THE following changes and appointments have been made in the University of Pennsylvania: Dr. John L. Hatch becomes First Assistant Professor of Morbid Anatomy in place of Dr. Allen J. Smith, who has accepted a chair in the University of Texas; Dr. W. C. Goodell was made Instructor in Gynæcology; Dr. U. S. Carter, Assistant in Physiology; Dr. James M. Brown, Instructor in Otology; Dr. Joseph Leidy, Jr., Assistant Demonstrator of Morbid Anatomy and Pathological Histology; Dr. David Cerna, Demonstrator of Experimental Therapeutics; and William Schleif, Ph.G., Assistant Demonstrator of Pharmacy.

Three new men have been elected in the Veterinary School: Leo Breisacher, V.M.D., becomes Demonstrator of Comparative Physiology; Harry D. Entrikin, V.M.D., Demonstrator of Veterinary Anatomy; and B. Frank Senseman, V.M.D., Assistant Demonstrator of Veterinary Anatomy. Zachariah R. Schell was also elected to the position of Demonstrator of Forging and Horseshoeing.

Dr. John J. Reese was elected Emeritus Professor of Medical Jurisprudence.

EDWARD WILD, M.D.—The death of General Edward Wild, M.D., a graduate of Harvard University and Jefferson Medical College, is reported by telegram to have occurred in South America. His was a remarkably eventful career, in which adventure was more prominent than medicine. When the Crimean war broke out he entered the Turkish army as a surgeon, and about four years after his return home, our own civil conflict occurring, Wild took a commission as Captain in the First Massachusetts, May, 1861. Twelve months later he was chosen Colonel of the Thirty-fifth, and one year later still he was Brigadier-General, in which capacity he served through the war. Brookline,

Mass., was his home, and his membership in the State Medical Society is registered as from that town in 1850. He was latterly much interested in mining, and it was in part these interests that led him to Medelin, Colombia, where his death took place, He was 67 years old.

DR. D. BENJAMIN, of Camden, N. J., has removed to 209 Cooper Street.

DR. E. HARRISON METTLER, formerly of Philadelphia, has removed to 4228 Greenwood Avenue, Chicago.

THE following story, told at the banquet of the Orthopædic Association, given in honor of their guests, at the recent meeting in Washington, will bear repeating:—

"The members of the staff of the Hartford General Hospital make up what they lack in knowledge by the dignity of their bearing, and have thereby gained the highest esteem and respect of the hospital orderlies.

"Some time past, in an isolated ward, were two patients, one a very nervous and timid fellow, the other a very sick man. The very sick man died, and the timid fellow lay trembling with fear in a bed near by him. To relieve the timid patient of his unattractive companion and for sanitary purposes, etc., the orderly was told to remove the corpse to the dead-house. The orderly proceeded to obey with alacrity, and on entering the room found the two men, one (the corpse) lying on his side, knees drawn up, apparently asleep; the other (the timid chap) stretched out stiffly, with the sheet pulled up over his face. Naturally supposing the one with the sheet spread over him to be the corpse, he proceeded to remove him. The fellow, quaking all over with fear, finally groaned: 'Oh! don't, don't take me; I'm not dead.' Whereupon the orderly, in disgust, blurted out; 'What in h—l's the matter with you? Do you think you know more than the doctors?'"—*Cleveland Med. Gazette.*

DR. IRVING D. WILTROUT, a Philadelphia graduate, has made The Oliver Wendell Holmes Sanitarium a decided success at Hudson, Wisconsin.

A PRIZE of one thousand francs ($200) is offered by the French Academy of Medicine for the best essay on the "Prophylaxis of Syphilis During Lactation." Essays in competition must be in the hands of the Academy before March 1, 1892.

DR. THOMAS H. BAILEY, of New York City, has removed to the Empire Building, 71 Broadway.

AMONG other presents received by Professor Virchow, on his birthday, was a beautiful silver column, surmounted by a figure of Liberty.

PHOTOGRAPH OF ICHTHYOSIS.—The editor received, recently, a typical photograph of ichthyosis, taken from life, by Dr. J. W. Hunt, of Anderson, Ind. One only needs to see the picture of the case to recognize the disease.

ANECDOTE CONCERNING DAVIEL AND A CATARACT PATIENT.—The kindness of heart of the Surgeon Daviel attracted to his operating-rooms from all the provinces of the kingdom poor patients, who came begging his services, and his reputation called together a curious assembly—learned and numerous. I think M. Marmontel and myself were present on the same day. Daviel placed his hand before the eyes of one whom he had restored to sight. An aged woman, standing by his side, manifested the keenest interest in the success of a certain operation. She trembled in all her limbs at each movement of the surgeon. He made a signal for her to approach, and placed her directly in front of the patient operated upon. He then removed his hand, the patient opened his eyes, he saw, and cried out: "Ah! It is my mother." I never heard a cry more pathetic; it seems as though I can still hear it. The old woman disappeared; tears fell from the eyes of the assistants and alms sprang from their purses.—*Narrative of Diderot; Lyon Medical; Weekly Med. Review.*

DR. W. G. MCCONNELL, of Philadelphia, has just returned from a vacation, during which time he made a tour of Europe.

DR. WILLIAM WILE, editor of the New England Medical Monthly and Prescription, stopped in Philadelphia last month on his return from the St. Louis meeting.

NEW MUNICIPAL HOSPITAL, BOSTON.—A new cottage hospital has been planned for the treatment of women, in Boston Harbor. It will be located on property belonging to the city on Long Island. The first ward building that will be built will be 140 feet long, with a capacity of 100 beds. The amount of the appropriation is $50,000, with an increase expected in future years.

ENTERTAINMENT FOR THE INSANE.—Mrs. John C. Hall, wife of Dr. Hall, of the Friends' Asylum, at Frankford, has inaugurated a series of entertainments for the patients in the institution, during the winter months, consisting of vocal and instrumental selections, readings, and lectures.

Mrs. Hall has secured funds by private subscription, with which she has secured talent, including Miss Emily McConnell, vocalist; Miss Jessie Dalrymple, elocutionist; Mr. Charles Adams, who will deliver a course of five lectures on succeeding Wednesday evenings; and a musical quartette.

HYPODERMATIC INJECTIONS OF ARISTOL.—Some misapprehension has occurred in regard to the manner of using aristol subcutaneously, as described in an abstract in the MEDICAL BULLETIN for November, 1891, p. 409. The formula given calls for 100 c.c. of sterilized oil of sweet almonds, containing 1 c.c. of aristol. In other words, a 1-per-cent. solution. Of this quantity, 1 c c., or 16 minims, is used as a dose at each injection. The language of our abstract, though intending to convey this idea to the reader, is not sufficiently explicit upon the point.

DISEASES OF THE CHEST.—Some weeks ago we had the pleasure of meeting in Philadelphia one of the students of former days, who was educated here in 1874,—Dr. C. Pancoast Gailey, of Marion, Ohio. After the doctor's graduation he returned to his home and engaged in active practice for some years, until he was unfortunately deprived of his eyesight by disease. We are happy to be able to announce that a large number of Dr. Gailey's professional friends in his State at once rallied to his assistance, and did all in their power to aid him in special work. He made his study diseases of the chest, and received such cordial support that he returned to Philadelphia some weeks ago for additional post-graduate teaching. During the few weeks that Dr. Gailey remained here we were agreeably surprised and pleased to observe, especially at the clinic of the Medico-Chirurgical Hospital, the keen and quick education of his ear in detecting diseases of the chest. Although deprived of his eye-sight, he has so educated his ear to sounds as to be able to detect the most difficult diseases of the lungs and heart. The studious habits so thoroughly and so systematically arranged and followed in the past by the doctor have still continued with him. He has, through the kind offices of his intelligent wife, who reads to him, kept posted upon all the modern developments of pathology, as well as upon therapeutics. As a result, Dr. Gailey was able at the clinics to both diagnose and treat, with great scientific precision, the most difficult diseases of the chest. We understand he has arranged to return again, after January 1st, to Philadelphia, in order to obtain more clinical experience from our great hospitals, and we know the physicians here will do all in their power to assist Dr. Gailey in his noble and good work. We also predict that, in whatever centre the doctor begins his special practice, he will receive a hearty support from the profession, especially when they become informed of his keen skill with his ear and his thorough knowledge upon both pathology and therapeutics. We may likewise add that the patients who seek Dr. Gailey's advice, or are sent to him for treatment, will receive at his hands the most progressive treatment and attention from a skillful and scientific physician.

BOOK REVIEWS.

A Manual of Hypodermatic Medication: The Treatment of Diseases by the Hypodermatic or Subcutaneous Method. By ROBERTS BARTHOLOW, A.M., M.D., LL.D., Emeritus Professor of Materia Medica, General Therapeutics, and Hygiene in the Jefferson Medical College of Philadelphia; Honorary Fellow of the Royal Medical Society of Edinburgh; Honorary Member of the Société Medico-Pratique de Paris; Fellow of the College of Physicians of Philadelphia; Member of the American Philosophical Society; Fellow of the Medico-Chirurgical Faculty of Maryland; Honorary Member of various State and local Societies; Author of a Treatise on the Practice of Medicine; of a Treatise on Materia Medica and Therapeutics; of a Manual of Medical Electricity, etc. Fifth edition. Revised and enlarged. Philadelphia: J. B. Lippincott Company. London: 10 Henrietta Street, Covent Garden. 1891.

The author of this original work has carefully revised the fifth edition, adding at the same time much new matter to the Manual. At least two hundred more pages have been made to the work, thus furnishing the most complete account of the subcutaneous method of medication now arranged in book form. The author in revising the Manual has taken occasion throughout the work to allude to the importance of the germ theory, the best methods of effectively treating pathogenic organisms being especially pointed out. Some idea of the scope of the Manual may be conceived when the reader turns over the leaves of more than five hundred pages. The most decided changes have been made in this issue by classifying the remedies according to their physiological action,—a very useful and practical manner of presenting the subject for the consideration of the reader. The two divisions the author makes in this part of the work are: first, remedies acting on the whole system; and, secondly, those acting on special functions.

Among the many valuable remedies referred to, that can be employed hopodermatically, are acetanilid, aconite, adonidin, alcohol, aloin, ammonia, amyl nitrite, amylene hydrate, antipyrin, apomorphine, arsenic, atropine, bromoform, caffeine, cantharides, carbolic acid, and many other agents. Brown-Séquard's solution and Koch's lymph, or tuberculin, also receive consideration from the pen of the author. Dr. Bartholow speaks well of the former, and gives a most thorough account of its preparation, and the diseases for which it is employed. Koch's lymph, on the other hand, is dismissed with simply a passing allusion, the writer very judiciously preferring to see by time and use if the agent or combination proves of any value. The Manual

is certainly a standard work, containing all that is known at the present time upon this important method of medication.

Saunders's Question-Compends, No. 21. "Essentials of Nervous Diseases and Insanity: their Symptoms and Treatment." A Manual for Students and Practitioners. By JOHN C. SHAW, M.D., Clinical Professor of Diseases of the Mind and Nervous System, Long Island College Hospital Medical School, etc. Forty-eight illustrations, mostly selected from the author's private practice. W. B. Saunders, 913 Walnut Street, Philadelphia, Pa. 1891.

As a ready-reference book upon this important department, this compend is certainly a very good one. Compends are only good to turn to now and then and refresh one's mind. They do not supply or approach the text-books, and students especially too frequently place too much dependence upon them in preparing for their examinations. The illustrations of this work are very good, and the several subjects are well and tersely expressed.

An Abstract of the Symptoms, with the Latest Dietetic and Medical Treatment, of Various Diseased Conditions. The Food Products, Digestion, and Assimilation. The New and Valuable Preparations Manufactured by Reed & Carnrick. New York: Reed & Carnrick, 447 & 449 Greenwich Street. 1891.

This little volume is very unique and practical. It has been well prepared, evidently by some one who knows all about food. The work is divided into two parts; the first taking up the dieting and treating various diseases of the system, and the second being devoted to the physiology of digestion and assimilation, etc.

In the second part are to be found, likewise, a comparative table of food-stuffs, diet-tables, functions of bile and of the pancreatic secretion, etc. The volume is filled with good material, well arranged for practical use of the physician.

Transactions of the Minnesota State Medical Society, 1891.

The proceedings of the Twenty-third Annual Meeting of the Society, with the addresses and papers, are included in this volume. A list of the members are also to be found upon this annual issue. The papers and addresses are not long, but they contain much valuable information to the practitioner, emanating, as they do, from some of the best professional workers in the States.

The Comparative Anatomy of the Domesticated Animals. By A. CHAUVEAU, M.D., LL.D. R vised and enlarged, with the co-operation of S. ARLOING, Director of the Lyons Veterinary School, etc. Second English edition. Translated and edited by GEO. FLEMING, C.B., LL.D., F.R.C.V.S. With 585 illustrations. D. Appleton & Co., New York, 1891.

The study of comparative anatomy of the domesticated animals is of great service to every practitioner of medicine. It is a portion of anatomical work that is becoming more important as we advance in the several departments of medicine. It is a necessity to the author and writer upon anatomical subjects, and to the physiologist and therapeutist it is of almost equal value. The work before us is both extensive and progressive. The authors have taken the care, in making it extensive, to minutely describe each and every part of the domesticated animals that they consider. In being progressive they have included all the recent scientific additions made to this important department. The work is divided into nine books, as follows: 1. The Locomotory Apparatus; 2. The Digestive Apparatus; 3. The Respiratory Apparatus; 4. Urinary Apparatus; 5. Circulatory Apparatus; 6. Apparatus of Inner Rectum; 7. Apparatus of Sense; 8. Generative Apparatus; 9. Embryology. The classification will thus be seen to be admirably arranged. The comparisons that the authors make between animals and man in different parts of this work are of the greatest importance, especially to physicians. For example, on page 471, it is shown that the stomach of man much resembles that of the carnivora. The authors likewise add, in this connection, that the insertion of the œsophagus, however, does not offer so large an infundibulum, the organ being situated in the left hypochondriac, and is nearly horizontal. Further, the mucous membrane is red and glandular, the muscular fibres are disposed in three planes, as in solipeds, but the third is found only in the middle portion of the stomach, two alone being present toward the cardia and pylorus; where the stomach is largest the contractile tunic is thinnest. We would also direct the attention of our readers to the very fine and good wood-cuts of the anatomical parts of the domesticated animals. They are unusually good, and show in a very vivid manner some of the anatomical structures of the various animals. The authors have likewise inserted illustrations showing to the eye the comparison between the different structures of man and that of animals. On page 873, in this connection, will be found a very good illustration of the comparison of the brachial plexus in man with that of animals. In Book IX, Embryology, or the study of the modification which the ovum undergoes from the moment it is fecundated until it is transformed into a new being, is especially interesting both to the student and physician. The work throughout is well written and of much value to the student, physician, and scientist.

A Treatise on Practical Anatomy for Students of Anatomy and Surgery. By H. C. BOENNING, M.D., Lecturer on Anatomy and Surgery in the Philadelphia School of Anatomy;

Demonstrator of Anatomy in the Medico-Chirurgical College, etc. Illustrated with 198 Wood-Engravings. F. A. Davis, 1231 Filbert Street, Philadelphia, 1891.

The writer has had occasion to examine many anatomical works in the past as well as at the present, and no one has better claims both for the student and physician than that Dr. Boenning has just published. It is well written, clearly bringing out each subject, and the illustrations serve to fix many difficult points in the mind of the reader. We are well aware that Gray's work is larger, fuller, and more minute, but it has not the clear, terse expressions in calling many difficult subjects to the attention of the student. In truth, Gray's Anatomy, in being so very full and minute upon each subject, often confuses and disheartens the student. Let him turn then, to Boenning, and, in a very few words, the bones of the face, or the articulations, and even the ligaments, are given so simply as to at once attract his attention. It is not only the case in this work with the bones, ligaments, muscles, but with also all the soft parts. The student, as well as the physician, can consult this or that page and quickly obtain what he seeks in a very few words. These words are practical. They are given not in a negligent manner, but as a practical worker will draw one's attention to the different parts of the body in the dissecting room. The work clearly demonstrates that Dr. Boenning is a practical anatomist.

It further shows good, substantial work, that has been laid before his readers in such a manner as to be well understood. As an illustration, let the student read the very excellent chapter devoted to the nervous system, and especially that part which includes the brain. The text will be found to be well-written, in as few words as possible, and all that is known upon this important organ at the hands of the anatomist included in this portion of the work. We will also further admit that the author of this very practical work in no way hopes or expects from his text, especially upon the nervous system, to be like Leidy's Anatomy. The latter is a work upon anatomy of a different kind than either Gray's or Boenning's. We have tried to show that the former is a voluminous text-book, there being no better of its kind,—and differing in this respect to either Boenning's or Leidy's. It fills another place for both physicians and students than either of the works just alluded to. In a similar way, we may add, Leidy's is different to Boenning's Anatomy. It is one of the best of all the minute works upon anatomy, while Boenning's is one of the best of all the practical volumes upon this subject. Its special sphere is for rapidly obtaining a good dissection of the human body. The bones, ligaments, muscles, and all soft parts are so well grouped and well expressed as to be quickly and well understood. Boenning's Anatomy will thus be seen to be a fine dissector, as well as a good text-book to keep in mind some of the most difficult subjects in anatomy.

Surgery: its Theory and Practice. By WILLIAM JOHNSON WALSHAM, F.R.C.S., Assistant Surgeon to St. Bartholomew's Hospital, etc. Third Edition. Revised and enlarged, with 380 illustrations. P. Blakiston, Son & Co., 1012 Walnut Street. Philadelphia, 1891.

The third edition of this work is revised and enlarged, very much beyond the previous issues. It has been only a year since the second edition was published, and very soon afterward appeared this, the third, edition. In this issue the author has made many additions and changes upon the section upon general pathology. Dr. Walsham, who is a keen and progressive observer, has adopted in this part of the work Virchow's theory of inflammation in place of that of Cohnheim's. He has also added much valuable information upon tubercle hydrophobia, and has given an account of actinomycosis. The subject-matter of the book is interesting and practical to the physician, and the wood-cuts are useful guides in studying each disease.

Physicians' and Students' Ready-Reference Series, No. 11. History of Circumcision from the Earliest Times to the Present. Moral and Physical Reasons for its Performance, with a History of Eunuchism, Hermaphrodism, etc., and of the Different Operations practiced upon the Prepuce. By P.C. REMONDINO, M.D., Member of the American Medical Association, etc. F. A. Davis, Philadelphia and London, 1891.

Dr. Remondino has added to this series a very valuable work, both for students and physicians. He has shown the antiquity of circumcision, the origin, the spread of this operation, and the benefits to be derived from it. One of the strongest and most practical chapters in the work is that one pointing out the predisposition to, and exemption and immunity from, disease. Another very useful chapter is that which considers the prepuce, syphilis, and phthisis. The work is well written, and is very practical and very useful for all medical authors and practitioners.

All Around the Year 1892. By J. PAULINE SUNTER. Size, 4½ x 5½ inches. Boxed. Price 50 cents.

This artistic calendar is composed of twelve gilt-edged cards, daintily tied with white silk cord, and a silvered chain, by which they may be hung on wall or bracket. It is beautiful in design, each card having appropriate sketches in dainty colors, worked out in the highest style of the printer's art. Altogether, the calendar is a charming piece of work, a thorough treat to the eye, and sure to meet a welcome wherever it may go. As a holiday gift it is most appropriate. It is most suitable for the library or office.

COMMERCIAL NEWS.

IT IS A FACT THAT BUT ONE PAPER IN NINETEEN HAS FURNISHED SUCH A STRAIGHT-OUT STATEMENT OF ACTUAL ISSUES AS YOU HAVE.

GEO. P. ROWELL & CO.

NEW YORK, May 20, 1891.

ANTI-CONSTIPATION PILLS.

The above title has been given to many pills presented to the profession in the past; but, from our own experience, we find that, as applied to those made by the following private formula of Dr. J. W. Gregg, Brattleboro, Vt., they possess more of the qualities claimed for them than do any other anti-constipation pills we have ever used:—

Hydrastis Canadensis,	1-4 gr.	Podophyllin, . .	1-10 gr.
Ext. cascara sagrada,	1-5 "	Ext. belladonna, .	1-20 "
Xanthoxylin, . .	1-5 "	Oil peppermint, .	1-30 "
Aloin, . . .	1-10 "	Sulphate strych., .	1-100 "

Dose: 1, repeated every six or eight hours, if necessary.

The following letter speaks for itself:—

DR. J. W. GREGG, Brattleboro, Vt.:—

Dear Doctor: Inclosed find $1, for which send me 600 of your "Anti-Constipation Pills." Having thoroughly tested them, and being convinced of their efficiency, I would not be without them in my practice. With thanks to you for your kindness to the profession, I am, respectfully,

MONROE DOTY, M.D.

Dr. Gregg will furnish his brother practitioners with these pills at actual cost price and postage.

IMPOTENCY.—A RELIABLE REMEDY.

℞ Tinct. sanguinariæ, . . 1 oz.
Ext. stillingiæ fl., . . 1 oz.
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